

# SURVIVING IN SCRUBS

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SURVIVING IN SCRUBS  
Tackling misogyny in  
healthcare



# RESOURCE SLIDES

Part One: Sexual Misconduct in the Healthcare Workforce  
Part Two: First Disclosures and Bystander Intervention



**HOUSEKEEPING**  
CONFIDENTIALITY, RESPECT  
STORIES, DISCUSSION,  
PHOTOGRAPHY

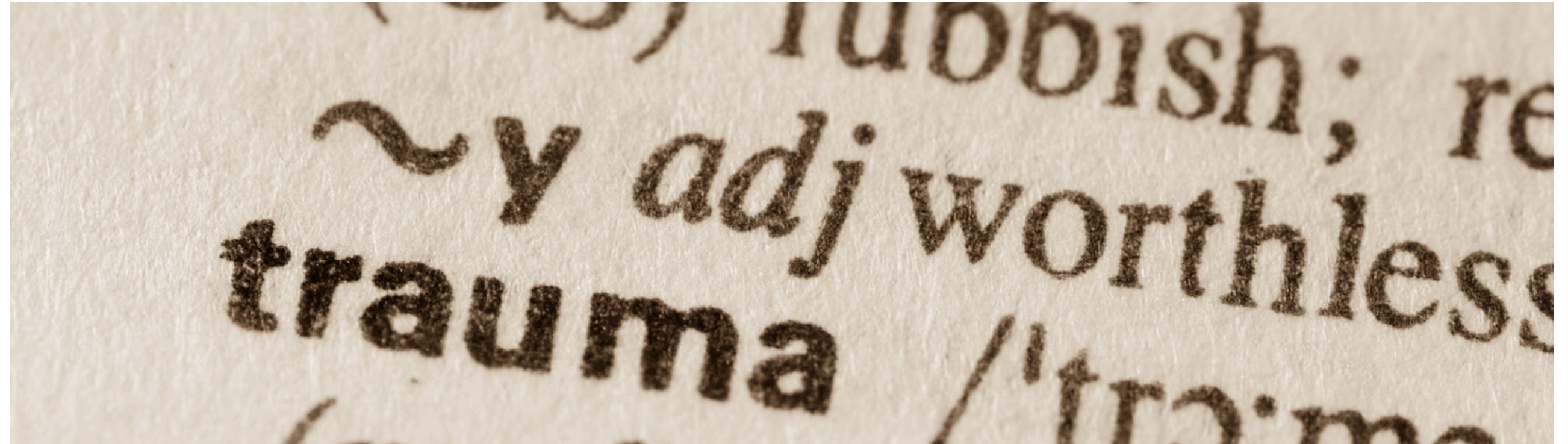


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SURVIVING IN SCRUBS



**TRIGGER WARNING**  
SEXUAL MISCONDUCT,  
HARASSMENT AND SEXUAL  
ASSAULT





# SEXUAL MISCONDUCT IN THE HEALTHCARE WORKFORCE







▶ 2500 RESPONDENTS

▶ 91% WOMEN EXPERIENCED SEXISM

- 61% of women respondents felt they were discouraged to work in a particular specialty
- 70% of women respondents felt that their clinical ability had been doubted or undervalued
- 44% of women feel they have had fewer training opportunities based compared to men

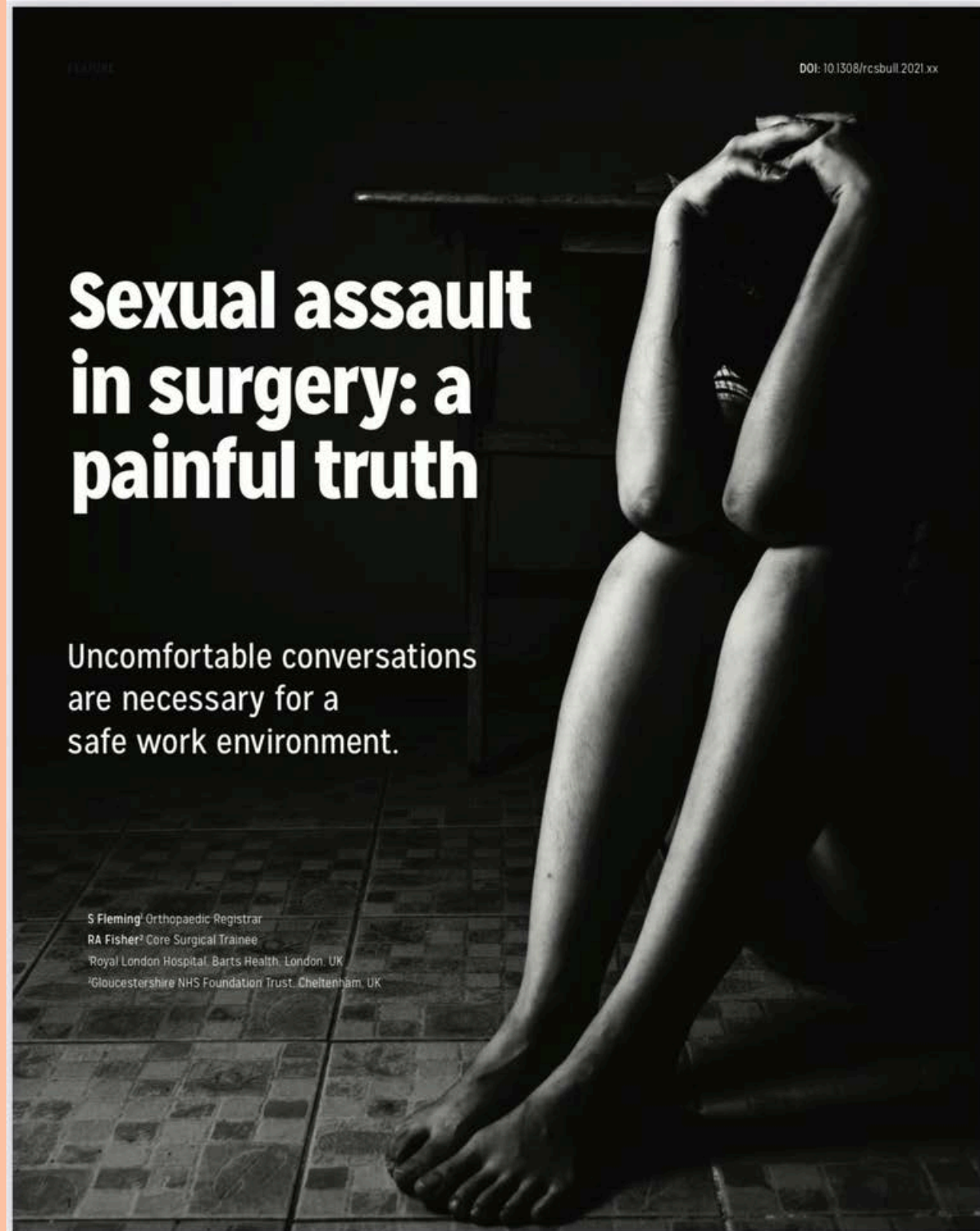
▶ SEXUAL HARASSMENT AND SEXUAL ASSAULT

- 56% of women and 28% of men respondents received unwanted verbal conduct
- 31% of women and 23% of men respondents experienced unwanted physical conduct



THE SEXISM IN MEDICINE REPORT





FEATURE

DOI: 10.1308/rcsbull.2021.xx

# Sexual assault in surgery: a painful truth

Uncomfortable conversations  
are necessary for a  
safe work environment.

S Fleming<sup>1</sup> Orthopaedic Registrar  
RA Fisher<sup>2</sup> Core Surgical Trainee  
<sup>1</sup>Royal London Hospital, Barts Health, London, UK  
<sup>2</sup>Gloucestershire NHS Foundation Trust, Cheltenham, UK

## Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England

December 2020

Chair - Professor Dame Jane Dacre  
Lead Researcher - Professor Carol Woodhams





# SURVIVING IN SCRUBS

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Surviving in Scrubs

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We share survivor stories of **sexism, harassment, and sexual assault** in the healthcare workforce.

We are campaigning to **end this culture.**



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Dr Chelcie Jewitt



Dr Becky Cox



# SEXUAL MISCONDUCT IN SURGERY REPORT



## ▶ 1434 RESPONDANTS

- 51% female
- Surgical workforce included
- Questions related to 5 years leading up to the survey

## ▶ 30% FEMALE SURGEONS SEXUALLY ASSAULTED

- 63.3% females experienced sexual harassment v 23% males
- 0.8% of female respondents had been raped by a colleague v 0.1%

## ▶ “LIVING DIFFERENT REALITIES”

- Women much more likely to witness sexual misconduct
- Women have much less trust in reporting bodies





## DEFINITIONS

WHAT DOES "SEXUAL  
MISCONDUCT LOOK LIKE IN  
HEALTHCARE?"





## SEXISM

Prejudice, stereotyping, or discrimination on the basis of sex

MISOGYNY v BENEVOLENT  
SEXISM



## SEXUAL HARASSMENT

Unwanted conduct of a sexual nature which has the purpose or effect of violating the recipient's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment.



## SEXUAL ASSAULT

When a person is coerced or forced to engage in sexual contact against their will, or when a person is touched sexually without their consent





**THIS AFFECTS EVERYONE**





### ▶ **NHS STAFF SURVEY**

- 675,410 respondents.
- 3.8% sexual harassment from colleagues.

### ▶ **NURSING TIMES SURVEY**

- 60% of nurses have experienced sexual harassment at work.
- 27% reported.
- 1/3 didn't think it was taken seriously by employer.

### ▶ **UNISON SURVEY**

- 8% allied HCPs had been sexually harassed in the last year.



# INTERSECTIONALITY

Not all survivors of sexual misconduct are the same and sexual misconduct will affect people in different ways.

Sexual harassment can happen to anyone, regardless of age, gender, sexual orientation or background.

Intersectional harassment is where an individual has 1 or more equality protected characteristics such as, but not limited to, gender, race, sexuality, gender reassignment, religion and disability. When these characteristics intersect, there is an increased risk of a person experiencing sexual harassment.





# IMPACT ON INDIVIDUALS



## ▶ **NEGATIVE EMOTIONS**

- Guilt, shame
- Not being believed
- Loss of professional identity
- Humiliation

## ▶ **IMPACT ON CAREER**

- Fear of repercussions
- 45% lower productivity
- 7% resign
- Difficulty reporting

## ▶ **MENTAL HEALTH**

- 35% affected their mental health
- 58% anxiety
- 24% depression
- 66% PTSD
- Suicidal ideation and self harm





▶ **LOW MORALE**

▶ **HIGH STAFF TURNOVER**

▶ **INCREASED ABSENCES**

▶ **LOSS OF TRAINEES AND STUDENTS**

▶ **LEGAL CASES**

▶ **ORGANISATIONAL DISTRESS**

## **IMPACT ON ORGANISATIONS**






**MAKING CHANGE HAPPEN**



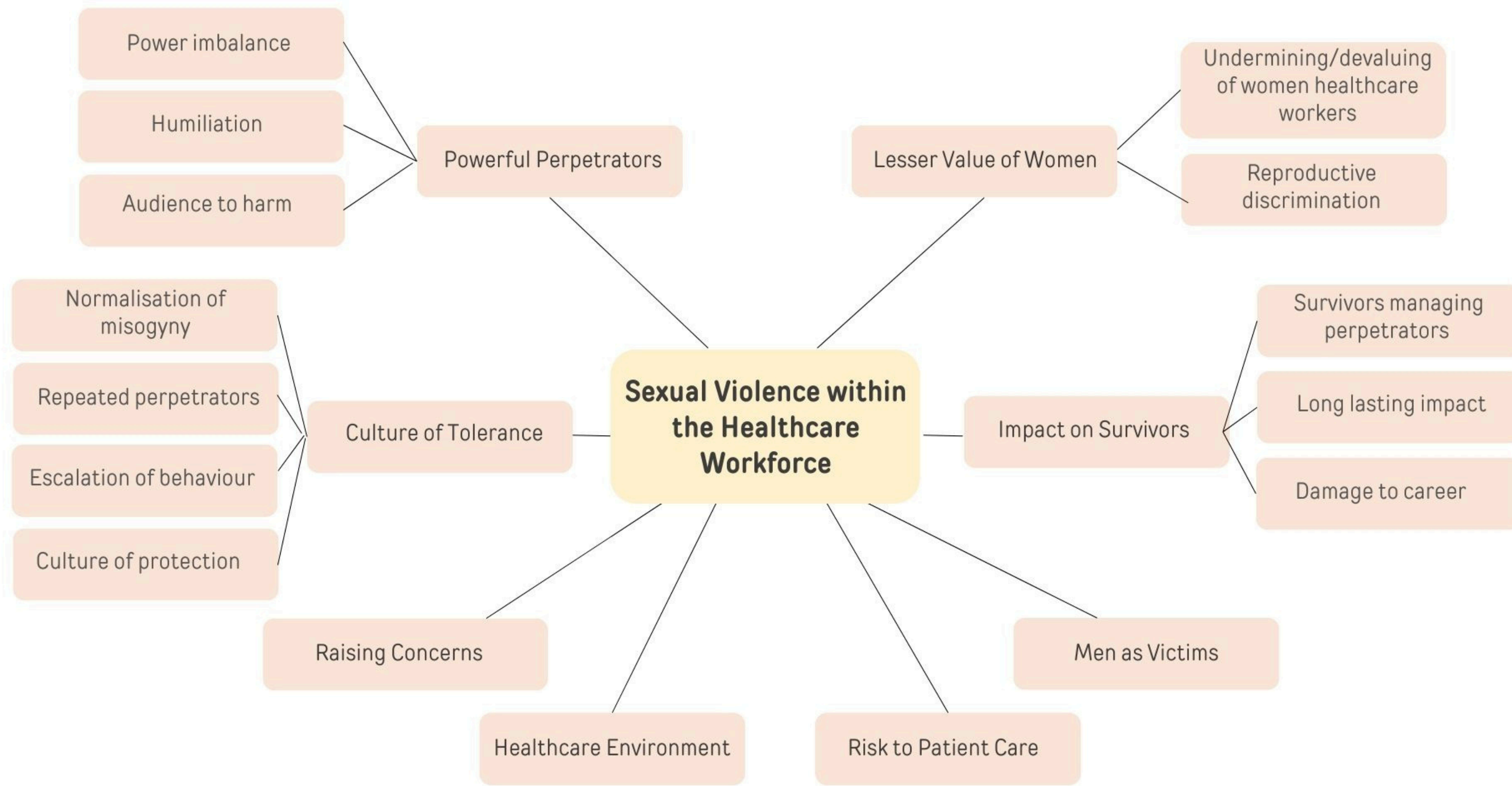
# **SURVIVING HEALTHCARE: SEXISM AND SEXUAL VIOLENCE IN THE HEALTHCARE WORKFORCE**

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 **SURVIVING IN SCRUBS**  
Tackling misogyny in healthcare











EDUCATION



SUPPORT



RESEARCH



CASE REVIEW



INDEPENDENT INQUIRY



POLICY



**7**

**REPORTING**

**8**

**REFORM**

**9**

**COMMUNICATION**







## NHS ENGLAND SEXUAL SAFETY CHARTER

**As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:**

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.

# 2

## BMA PLEDGE: END SEXISM IN MEDICINE

# Joint pledge on ending sexism in medicine

Sexism should never be tolerated, whether from individuals or ingrained in the policies and structures medical students and doctors work within. All doctors and medical students should work in an environment free from discrimination where their gender plays no role in their career progression or how they are treated by colleagues and patients. The medical profession should celebrate diversity, making all doctors and medical students feel valued and included. Doctors and medical students must be given a safe environment to work in, where they are protected by their employers.

### We want a medical profession that:

- Promotes a culture of respect for the competency and contribution of all doctors and medical students without assumptions or stereotypes based on gender.
- Addresses the negative impact of gender stereotypes in medical education and career pathways.
- Ensures equal opportunities for doctors and medical students to pursue and thrive in the career path of their choice, without gender stereotypes playing a limiting factor in their career.
- Has systems to raise concerns that are transparent, fair, and accountable, that doctors and medical students have confidence in.
- Takes targeted and evidence-based actions when addressing inequality. Recognising that women are more likely to experience sexism – while also acknowledging that other genders can be subject to disadvantage, for example, non-binary people being sexually harassed or men having less support to take parental leave due to gender stereotypes.

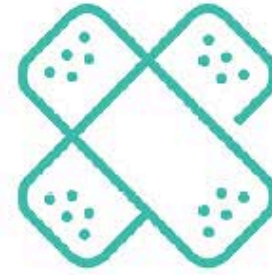
All actions we take to progress to a fairer medical profession must be intersectional to ensure we accurately reflect the experiences of all doctors and medical students, recognising that other characteristics such as a person's gender identity, ethnicity, disability, faith or sexual orientation will impact their experiences of sexism.

### Goals

We believe that working in partnership towards these goals will help us in achieving this pledge. Some of these goals are specific to women, who disproportionately experience gender discrimination, this includes all doctors and medical students who identify as women.







WPSMS  
The Working Party on Sexual  
Misconduct in Surgery

# BREAKING THE SILENCE

Addressing Sexual  
Misconduct in Healthcare



AN INDEPENDENT REPORT ON SEXUAL MISCONDUCT  
BY COLLEAGUES IN THE SURGICAL WORKFORCE

3

WPSMS 15 KEY  
RECOMMENDATIONS



# MAKING CHANGE HAPPEN

WHAT WE CAN ALL DO





**1**

**OPEN YOUR EYES**

**2**

**SELF REFLECTION**

**3**

**START A CONVERSATION**





FIRST DISCLOSURES &  
BYSTANDER INTERVENTION



## A 'GET OUT OF JAIL FREE CARD' TO MASK ABUSIVE BEHAVIOUR OR JUST FUN?



- roots in lad culture
- encourages group bonding via discrimination of another group
- feeds off power imbalance
- undermines individuals
- if you don't play along you're uptight
- victims are silenced

**BANTER**





**WHAT TO  
DO IN THE  
MOMENT?**





- ▶ **DISTRACT**
- ▶ **DELEGATE**
- ▶ **DOCUMENT**
- ▶ **DEFER**
- ▶ **DIRECT**

**WITNESS: 5D BYSTANDER INTERVENTION MODEL**





# SURVIVOR

WHAT TO DO IN THE MOMENT

Use the 5Ds  
Seek help

WHAT TO DO AFTER

Contemporaneous notes  
Reach out to a colleague or friend  
Tell a senior  
Sexual misconduct policy



## WHAT TO DO DURING A DISCLOSURE

- Actively listen.
- Ask open questions.
- Thank them for sharing their experience with you.
- Say that you believe what they are saying.
- Affirm that they have done the right thing in disclosing their experience.
- Take their concerns seriously.
- Emphasise that they are not to blame for their experience.
- Be clear about the limits (if any) to confidentiality.
- Create a plan and offer ongoing support.
- Give the victim as much control over the plan as possible.





## WHAT NOT TO DO IN A DISCLOSURE

- Talk about your own experiences of violence.
- Ask too many questions.
- Judge or criticise their choices.
- Victim blame.
- Promise you will keep their confidence (if you're not able to do so).
- Get angry or frustrated at the person or their experience.
- Be a saviour.
- Tell them what to do.
- Try to force them to disclose information – let them guide what they tell you.
- Provide counselling (if you are not trained).





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## CONTACT US

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@scrubsurvivors

▶ **INSTAGRAM**  
@scrubsurvivors

▶ **LINKEDIN**  
surviving in scrubs



SURVIVING IN SCRUBS  
HOMEPAGE





SIS SUPPORT RESOURCES

- <https://www.bma.org.uk/media/4487/sexism-in-medicine-bma-report.pdf>
- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/944246/Gender\\_pay\\_gap\\_in\\_medicine\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944246/Gender_pay_gap_in_medicine_review.pdf)
- <https://www.sciencedirect.com/science/article/abs/pii/S0002914922000765>
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## KEY REFERENCES