



Sexual Victimization of Patients by Physicians A Factsheet for Survivors & Advocates

Prevalence

The vast majority of physicians in the United States do not commit or condone sexual violence; however, perpetrators exist in every profession and the true prevalence of sexual assault committed by physicians against their patients is difficult to discern due to a lack of current, readily-accessible research on the issue. A 1998 study in the *Journal of the American Medical Association*¹ found:

- The number of physicians disciplined per year for sex-related offenses increased from 42 in 1989 to 147 in 1996; and the proportion of all disciplinary orders that were sex related increased from 2.1% in 1989 to 4.4% in 1996.
- Discipline for sex-related offenses was significantly more severe than for non-sex-related offenses, with 71.9% of sex-related actions involving revocation, surrender or suspension of medical license
- Of 761 physicians disciplined, 75% of the incidents involved patients, including sexual intercourse, rape, sexual molestation, and sexual favors in exchange for drugs
- As of March 1997, 39.9% of physicians disciplined for sex-related offenses between 1989 and 1994 were still licensed to practice
- Physicians disciplined for sex-related offenses were more likely to practice in the specialties of psychiatry, child psychiatry, obstetrics and gynecology, and family and general practice

Physician misconduct in Ohio

In 2011, there were 295 total disciplinary actions taken by the State Medical Board against physicians licensed by or practicing in Ohio who had committed a variety of violations (not just sex offenses), including criminal and/or ethics violations. Of those total actions, 113 (38%) resulted in a loss of medical license or privilege. Of Ohio's 32,275 practicing physicians, 244 (0.75%) had disciplinary actions taken against them by the State Medical Board in 2011.²

A sampling of data from the State Medical Board indicates that in the six months from February through July of 2013, the Board exercised 97 disciplinary actions against physicians licensed in Ohio. Of those, three pertained to sex-related offenses and all resulted in immediate suspension of license. Two cases involved criminal conduct occurring outside the physicians' work (i.e. not involving patients). One case involved a physician licensed in Ohio, but practicing in California, where he was convicted of sexual assault against three female patients while they were unconscious or medically incapacitated.³

For information about Ohio physicians who are disciplined by the State Medical Board (including name, community, and violation/offense information), see the Board's Monthly Formal Action Reports, accessible here: <http://www.med.ohio.gov/professionals-mfal.htm>

¹ Dehlendorf & Wolf (1998): "Physicians Disciplined for Sex-Related Offenses," *Journal of the American Medical Association*, Vol. 279, No. 23, <http://www.ncbi.nlm.nih.gov/pubmed/9634259>

² Federation of State Medical Boards: *Summary of 2011 Board Actions*, <http://www.fsmb.org/pdf/2011-summary-of-board-actions.pdf>

³ State Medical Board of Ohio: *Your Report – The Medical Board Newsletter*, May and August 2013, <http://www.med.ohio.gov/professionals-newsletters.htm>

Determining the extent of the problem

All major medical institutions, medical boards, and the majority of physicians themselves adhere to the ethical standard that any sexual contact between physicians and patients is detrimental to patients, to the medical care of patients, and to the practice of medicine in general, and it must be stopped and appropriately addressed.

The extent of sexual assault committed by physicians against their patients is difficult to determine because:

- The majority of data and disciplinary action against offending physicians has historically relied largely upon self-reporting by physicians themselves, or from reports by fellow physicians. Due to the obvious professional/career ramifications of self-reporting, the actual prevalence of sexual assault by physicians may be higher than the available data indicate; and
- Victims of sexual assault by their physicians are thought to be even less likely to report the assault than victims of assault by other individuals, due to multiple factors discussed below. A low reporting rate further indicates that the prevalence of sexual assault by physicians may be higher than what is known.

Dynamics of sexual victimization of patients by physicians

As with all forms of such violence, sexual assault or abuse perpetrated by physicians against their patients is a malicious abuse of power intended to harm, control, and/or manipulate the victim. The physician-patient relationship is unique in ways that encourage an abuse of power by physicians who have malicious intent:

- Physicians possess knowledge and expertise that the patient does not have, but needs
- Patients are forced to trust physicians to diagnose and treat them appropriately and ethically
- Patients are often at their most vulnerable when interacting with physicians, because of physical pain, injury, illness, disease, mental/emotional distress, or other very personal or intimate problems
- Many patients must undress, be put under anesthesia, or otherwise placed in a position of powerlessness or incapacitation when being examined or treated by a physician

Some of the ways offending physicians may commit and conceal sexual assault of their patients:

- Assault patients while they are unconscious/incapacitated, and thus unaware of the assault
- Tell patients that the behavior is a normal part of the examination or treatment
- Manipulate patients into thinking that their questions or concerns about the abusive behavior are without merit, are confused, or are just a misunderstanding
- Convince the patient that no other physician can effectively treat them
- Threaten to harm the patient or discontinue treatment if the patient reports the abuse
- Alter treatment (particularly medications) to keep the patient in need and/or compliant
- Silence the patient by giving him/her money, gifts, or access to prescription drugs/opioids
- Convince parents or loved ones of patients that they are trustworthy; or silence loved ones with money, gifts, or access to drugs
- Elicit public support from patients they have not abused, and others who believe them incapable of sexual violence

In addition to the above dynamics specific to the physician-patient relationship, there are numerous societal factors and myths that contribute to the incidence of sexual assault committed by physicians. These include:

- We are taught from a very early age that doctors are among the most honest, trustworthy and selfless people to whom we turn in our times of greatest need. We don't believe that physicians can sexually offend, and if they do, we question the validity of accusations against them
- Physicians possess a high social status associated with intelligence and professional success – desirable qualities that contradict falsely-held stereotypes or beliefs about sexual offenders
- Most physicians are well-connected, well-liked, and highly-respected in their communities, making it difficult for people in those communities to believe allegations of abuse (including jurors), and difficult for victims to feel empowered to report the crime.

Identifying sexually abusive physicians

Most sexual offenders, including physicians who sexually assault patients, exhibit a pattern of abusive behavior over time that is largely unreported and frequently dismissed by others. Studies of incarcerated sex offenders have consistently revealed multiple victims and victimization incidents attributable to individual perpetrators. Additionally, research has demonstrated that most sex offenders exhibit cross-over offending behavior – committing other types of crime, or impacting multiple populations of victims.⁴

One study of medical students in California revealed that students who received formal comments regarding unprofessional behavior while in medical school were more than twice as likely as their peers to later be disciplined by the California Medical Board while practicing as licensed physicians.⁵ While this study did not address sexual violence specifically, it does indicate that patterns of problematic or concerning behavior among physicians are detectable over time.

There are numerous indicators or “red flags” to look for when identifying a physician who is sexually assaulting his/her patients. These indicators may be noticed by patients, patients’ loved ones, fellow physicians, and/or medical staff who work alongside physicians:

- Violating standard medical protocol regarding patient privacy and safety
- Being secretive or non-transparent about patient care, scheduling of certain patients, communication with patients, medications prescribed for or dispensed to certain patients, etc.
- Reacting in an overly-angry, defensive, irrational, or evasive manner when questioned about any behavior or treatment of a patient
- Immediately dismissing or invalidating any challenges or concerns raised about his/her behavior or treatment of a patient; strongly discouraging the patient to seek a second opinion or leave the practice
- Speaking or acting in a way that is derogatory, offensive, humiliating, and/or sexually objectifying of patients, fellow physicians, or staff members (publicly or privately)
- Sharing or asking about personal or intimate information that is not medically relevant

⁴ Lisak, David (2011): “Understanding the Predatory Nature of Sexual Violence,”
<http://www.middlebury.edu/media/view/240951/original/>

⁵ Papdakis, M. et al (2004): “Unprofessional Behavior in Medical School is Associated with Subsequent Disciplinary Action by a State Medical Board,” Journal of Medical Licensure and Licensure, Vol. 90, No. 1,
<http://mss.fsmb.org/FSMBJournal/v90/unprofbehavior.pdf>

Reporting abuse & seeking support

Most physicians who sexually assault their patients do not commit abrupt, obvious, easily-identifiable acts of violence with every patient, nor do they typically do so early in the relationship with any particular patient. They most often “groom” the patient to feel comfortable, trusting, and in need of specific treatment or procedures prior to introducing abusive behavior. As with most sex offenders, these physicians deliberately exploit their power and their patients’ vulnerabilities, utilizing psychological manipulation to control the patient. When abuse occurs, the patient is more likely to feel confused or conflicted about what happened and reluctant to report it or question the physician about it.

If you suspect that a physician has sexually assaulted you or someone else:

- **Trust your instincts.** We have been socialized to believe that physicians will never harm us, but trust your gut if something doesn’t feel right. Follow your instincts, even if it doesn’t seem rational or polite.
- **Be assertive.** While physicians do possess specialized skills that we need in order to maintain our health, patients do not owe them any allegiance. If you do not like your physician, are not comfortable with him/her, or if you feel that a second opinion or consultation with a different physician would be in your best interest, do not hesitate to leave and go elsewhere.
- **Trust how you feel.** How did you feel after your interaction with the physician? Medical procedures can be difficult and sometimes traumatic, but if you felt violated in any way *by the physician*, you may have been abused.
- **Manipulation is not therapeutic.** It’s perfectly okay to seek advice from physicians, but ultimately you can make your own decisions about medical care. If your physician does not respect your opinion, dismisses your concerns, and/or violates your personal boundaries in speech or behavior, he/she is not acting in your best interest. If your physician attempts to silence you/keep you quiet in *any way, for any reason*, he/she is being abusive.
- **Document and consider reporting:** Write down any interaction with your physician that was (or felt) abusive, manipulative, or unethical. Include the date and time of the appointment/interaction, as well as a detailed account of what happened. Consider reporting any abusive incident or behavior to the police and/or your state medical board.
- **Seek support:** If you have been violated or abused by your physician, consider seeking support and assistance from your local rape crisis center. Sexual assault impacts survivors physically and emotionally. You are not alone. You do not need to or deserve to suffer in silence.

Additional Resources

Rules governing sexual misconduct of physicians and physician assistants in Ohio:

http://www.med.ohio.gov/pdf/rules/current/pdf_4731-26/Chapter_4731-26.pdf

To file a complaint with the Medical Board of Ohio: <http://www.med.ohio.gov/consumer-complaint-info.htm>

To find a rape crisis center near you: <http://www.oaevs.org/rape-crisis-centers-in-ohio/>

Ohio Alliance to End Sexual Violence: www.oaevs.org

Email: info@oaevs.org Phone: 216-658-1381 or 888-886-8388

This publication was supported by Victims of Crime Act Grant Award #2013VASAVE915, administered by the Ohio Attorney General’s Office.