Sexual harassment and abuse in the health sector: data are needed to inform our response

Kalkidan Lakew argues we need a deeper understanding of the sexual violence that health workers experience

Five years ago, #metoo detonated a global movement as millions of women, and some men, told stories of coercion, harassment, threats, stalking, groping, and rape. It became clear that sexual exploitation and abuse was taking place in communities and workplaces on a monumental scale. It was also, unfortunately, clear that justice wasn’t being served in most cases. Reporting abuse meant that women had to relive the experience, often unsupported, while facing the power imbalance of remedial systems that were often geared to protect the perpetrators.

Even with the overwhelming number of social media posts, column inches, and employers making public pronouncements, there is still a great deal that we don’t know about the phenomena of sexual abuse in the workplace. Processes for whistleblowing are often cloaked in secrecy, ostensibly to protect those affected, but the trade-off is that abusers are also protected. In some cases, where reporting does result in evidence of wrongdoing, perpetrators are quietly removed or incentivised to leave.

The health sector also has a serious problem with sexual exploitation, abuse, and harassment—but getting a clear picture has been difficult. Research from 20 years ago using data from a variety of countries suggested that nearly 25% of all violent incidents at work are in the health sector and more than 50% of healthcare workers have experienced such incidents. A systematic review and meta-analysis from 2019 found that among 330 000 health workers from across the world, 64.9% had experienced some form of workplace violence and 12.4% had experienced sexual harassment in a single year. Yet there has been little disaggregation of the prevalence of sexual violence faced by health professionals.

As more than two thirds of the health workforce are women, the sector’s problem with sexual violence is another example of how women are not afforded either safety or dignity in workplaces. Inevitably, this comes with personal, organisational, and societal costs.

Lack of tangible action

Over the past year, Women in Global Health has collaborated with other health related civil society organisations and had conversations with many stakeholders about this problem. We’ve heard stories of rampant abuse while those in charge turned a blind eye. It became clear that abuse is widespread in the healthcare sector, with allegations involving civil society organisations, community health services, hospitals, research centres, and more.

What we heard was alarming, but we were even more concerned about the lack of tangible action and the denial of the abuse reported by health workers who have tried to advocate for change in local, national, and global health workplaces. A common response to this problem is that a few individual cases are not cause for structural change.

It’s clear that we need to collect individual stories and analyse the information to help us understand where and how abuse in the workplace happens. The results can inform and accelerate the resolve of workplaces to take better and more targeted action to protect healthcare workers. In response, Women in Global Health is launching an online platform #healthtoo to collect stories from women health workers who have experienced this type of abuse during their employment. The aim of the platform is to collect data on the broader phenomena of abuse in the health workplace and use this information to advocate for reform and safer working conditions.

Although we are in the early days of this project, the stories coming in already demonstrate the need for a sector-wide platform. We are calling on other organisations, countries, and the global community to contribute data so that we can consolidate an evidence-based understanding of the sexual violence that health workers experience. Once we have a resource bank about the true scale of the problem—including where it is happening, why it is being repeated, and what the consequences are for perpetrators—we can begin to introduce the necessary reforms to put an end to this hidden crisis.

We still lack disaggregated data by sex and age that maps this problem in more granular detail. There is also a clear need for qualitative data on women’s experience in the health workforce, which tells us more about how sexual abuse and harassment relates to other gender-specific trends, including the roles, expectations, and power dynamics associated with being a woman in this sector.

Tackling the root causes

The dearth of these data are sometimes used as an excuse to stall policy measures. After all, what isn’t visible is easier to ignore. Yet we have enough information to know that sexual abuse and harassment is a threat to health workers globally. As we’re refining our understanding of this problem we can introduce bridging measures to tackle the root
causes of gender inequity that disempower women in the healthcare workforce. Health systems should recognise the diversity of their workforce and factor this into their policies and the organisation of workplaces. Governments can confront gender discrimination, as well as the structural factors that perpetuate a lack of equal opportunities, leading to women being continually under-represented in senior roles. We must acknowledge the systemic effects of these factors if we are to protect health workers’ labour rights at all levels.

As we continue to gather data of all kinds on sexual abuse and harassment in the healthcare workforce, our understanding of this problem will deepen, allowing us to hone the policies and approaches we use to tackle it.

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