

A case study of an incident of professional sexual abuse in UK mental health services

In the UK, sexual contact between mental health professionals and their patients is a serious criminal offence, breaches professional codes of conduct and is damaging to patients, their families and the reputation of services. To date research has been limited but often predicated on a need to understand the psychopathology of victims, the demonology of perpetrators or the relationship between the two as possible causal factors. This can lead to inadvertent victim blaming and failure to recognise the wider systemic corruption of care (Melville-Wiseman 2013).

However, there is also a body of literature on the subject written by survivors (Acker 1995, Lewis 1995, Roberts-Henry 1995); professionals who had been abused themselves (Wohlberg et al 1999; Penfold 1998; Schwab 2003) by survivors in collaboration with interested professionals (Bates and Brodsky 1989) or by professionals who had long experience of working with survivors (Schoener et al 1984, Fortune 1992). In each case the direct experiences of the survivors as both victims and witnesses of professional sexual abuse provided a powerful alternative (Bhavani 2003). The research presented here aimed to add to the testimonies of survivors by giving a voice to one survivor (Alice) through the use of a case study approach. She was raped by her Community Psychiatric Nurse but kept the secret for over seventeen years. This is part of her story.

Method

The research used an instrumental case study design (Stake 1994). A case study is a story about something unique, special, or interesting — stories can be about individuals, organisations, processes, programs, neighbourhoods, institutions, or events (Yin 2009). It provides a mechanism to explore a contemporary phenomenon in its real world context, using real people and their real lived experiences (Yin 2009, Butler 2002). The purpose of an instrumental case study is to understand a wider phenomenon through the lens of an individual case or exemplar and in this case to give a voice to one woman and her individual experience. In that sense it is grounded in the principles of feminist emancipatory research. In addition it draws on the assumption that power imbalances and social inequality in mental health services are essentially harmful to patients.

The full case study involved the use of multiple types and sources of data including archival and historical documents, interviews with a number of key people connected to Alice and the case, media reports of the case and observations. However, this paper presents my interviews with Alice and her telling of her own story of how she was raped by her Community Psychiatric Nurse (CPN).

The aim of the research was to give Alice a voice and so the data analysis strategy did not include any psychologically based interpretation of what she said. Her voice and her way of telling her story stand alone. To do otherwise would have been to collude with the approach of previous studies which sought to psycho-pathologise the victim and scrutinise their mental health needs. However, themes and thematic networks were identified and agreed with Alice. As part of case study research it is important to identify convergent and divergent data. In this case Alice's story was confirmed by the other data I obtained including from her medical file.

Alice had been identified as a possible participant for this research through a UK charity who had supported Alice post-disclosure of the rape. She met the criteria including that all legal proceedings in the case had been concluded and she was willing for her thoughts and feelings to come into the public domain. At my first meeting with her Alice spoke of her wish to tell her story in the hope that it might just prevent others being harmed as she had been.

Power imbalances in mental health services

Alice was about forty-five when she was first admitted to the large psychiatric hospital in the town where she lived. She was suffering from depression which she now identifies as related to her entering the menopause. However, she remembered that within one day the doctor had told her she needed Electro-Convulsive Treatment (ECT) and that this would cure her depression quickly in order for her to return to her family. Alice stated:

“he [the doctor] said it would cure my depression quicker and I wanted to get home for my boys and Nigel [her husband], but the ECT was so traumatic you wouldn't believe it. It was horrifying. It was terrifying and I'd got to have another one, they wait a day and then they do another one and I hadn't slept the night before...”

Alice decided she could not face the treatment again and confided in one of the nursing staff. She describes the nurse whispering to her in secret to eat something as they would not give ECT to her unless she had an empty stomach. Before the next treatment Alice ate a banana but also rang her sister-in-law to come and collect her. I asked Alice why she did not feel able to refuse the treatment as she had always been a voluntary patient and therefore not subject to forced treatment. She told me that patients always had to be careful and that any anger you expressed would be noted in your file and used to keep you there even longer. She then recalled one nurse in particular:

“There were a couple of times I was afraid, especially in (x) hospital. We have one in particular, I don’t think she was a sister but she was in charge of the night staff. It wasn’t just me Janet, she was a tyrant. She was and I was afraid to speak out.”

During her time in hospital Alice had also felt upset and frightened by the treatment of other patients that she had witnessed.

Alice also explained why she unquestioningly trusted the doctor who originally told her she should have ECT.

“I didn’t even know then what it was and he said to me ‘if you have this you’ll get better quickly, you’ll be home then’. And of course I had not had much dealings with doctors; you believe every word they say because to me they were gods. They really were.”

Also:

“To me a doctor was, I don’t know, he was a god, he couldn’t do anything wrong. My mother even, you know it was 1951, still rationing, my mother got four chops on the black market and give them to the doctor that night to thank him for what he’d done.”

Coping on her own

Alice discharged herself against medical advice and returned to live at home with her husband and two sons. She was also able to resume paid work. In this job she made friends with another woman but it upset Alice when this new friend had to retire. Alice found the work increasingly stressful and as Christmas approached Alice took a week off work. Her depression had returned.

Alice describes herself as not being able to stop crying at this time and eventually her husband Nigel and her GP made arrangements for her to see a psychiatrist and to have a few days in hospital. This was a different hospital to the first one but was still a large Victorian building with several hundred patients. Alice informed me wryly, that it was now closed and has been turned into a luxury housing development. Alice was fifty-three years old now and had coped on her own without any treatment or support from services for over eight years.

Family tragedy

The few days' in-patient treatment that Alice and Nigel agreed to eventually turned into several months. It was not clear if this was as a result of direct or indirect pressure from the doctors or an informed choice made by Alice. However, she described how Nigel found this very difficult and how he was upset every evening when he visited. Alice went home at the weekends but was never left alone. A friend would come and sit with her on Saturday mornings while Nigel was at work but on Sunday evenings she returned to the hospital. The issue of ECT treatment came up again and the doctor had prescribed a course of six treatments. This time Nigel pleaded with Alice to refuse the treatment and again she was torn. She believed that it would make her better more quickly and that she could then return home and resume her family life. Nigel believed that it was harmful and that it would change Alice.

On Monday 2nd April 1984 Alice was given her sixth ECT treatment. Later that day Nigel did not arrive for his usual visit. At 9pm Alice's sons contacted the ward to say that Nigel had been found dead at home. Alice was told by her doctor that he had died but not the nature of his death until the ward round the next day. A ward round then would have been a large meeting where all the professionals discuss each patient in turn as they join the meeting. It was in this setting that Alice was informed that her husband's death was in fact suicide.

Alice described the news as "*horrific*" for both her and her family. It also meant that her admission to hospital was extended even further and she did not leave for another three months. She had decided she could not return to live in the flat where Nigel had died and so moved straight from hospital into a new home. However, Alice could not remember much about how she coped in the

period following her discharge because she was taking many drugs. I asked if she remembered what they were:

“Well Stelazine which is very strong and I didn’t realise they take them in Broadmoor, I read an article. That stuck in my mind when I read about Broadmoor. Yes, Stelazine, Temazepam, Ativan that’s only three of them. Prothiaden, I can’t remember the others but of course he [her GP] stopped them straight away so looking back I realise I was in withdrawal, it was a nightmare.”¹

Alice was describing her fear and shame that the medication she was prescribed was also prescribed for people who had been admitted to Broadmoor.² She felt her doctor was telling her that her mental health problems were very serious and this became another reason to hide what was really going on for her. Alice was also aware that the amount of medication she had been prescribed and the sudden withdrawal of it had probably exacerbated her problems at this time. It is not surprising that Alice was not able to grieve for her husband and that she found alternative ways of coping.

Dealing with bereavement

After her bereavement Alice was not offered any kind of counselling or psychological support but did attend the day hospital attached to where she had been an in-patient. The treatment here involved occupational therapy and social support. In addition to coping with her loss and the particular difficulties in coming to terms with it being from suicide, Alice thought she began to experience benzodiazepine withdrawal. Her GP had suddenly stopped her medication knowing that it was addictive but failed to put in place any gradual withdrawal programme or alternative support. In response Alice began to self-medicate by using alcohol whenever she felt anxious or overwhelmed by her distress and this was actively encouraged by the day hospital staff.

¹ Temazepam and Ativan are both benzodiazepines which can become physically addictive even after short term use. They may also mask or exacerbate symptoms of depression and sudden withdrawal can increase the risk of suicide. Stelazine is the trade name of an anti-psychotic or neuroleptic drug called Trifluoperazine. It is used to treat the more florid symptoms of schizophrenia but can also be used in the short term to treat severe anxiety whatever the underlying causes. Prothiaden is a trade name of a tricyclic anti-depressant drug called Dosulepin Hydrochloride.

² Broadmoor is one of the three high security psychiatric hospitals in England. There is a common misconception and stigma that patients have all committed serious criminal offences. Many do come through the judicial system and the most dangerous mentally ill people are treated there.

“So what I did I drank. I just drank and the nurses that had looked after me, it was all ladies, it wasn’t like a psychiatric ward it was like a house at the side of the hospital for just the ladies, young ladies with babies and was depressed and couldn’t pick their own babies up, they were in there for treatment. It was pretty light, you know, nothing heavy at all, very pleasant, like a holiday camp. Like I said I’d got no tablets and I didn’t know what to do and of course the nurses all coming round ‘come on let’s take you for a drink’. They were all alcoholics anyway, they really was. I’ve never seen anyone drink so much but of course I was OK, I was doing it. Lunchtimes sometimes until three o’clock when they closed the doors, we were back again at seven o’clock but of course it was when I went home I was alone again. I’m not making any excuses; I just felt I had to get so drunk to sleep.”

It was some time later that Alice was first offered counselling and she was referred to a CPN. She recalls it was around the time of the first anniversary of Nigel’s death that she began to become distressed and a nurse was allocated to visit her at home.

Community Psychiatric Nurse

Alice recalls a (male) CPN visiting her at home although it is not absolutely clear what the care plan was. Alice had described it as a form of counselling but she also remembered him giving her some social support as well.

“He took me shopping one night to the ASDA in his car. Another time he took me to CRUSE [a support group for bereaved people] where later I did have counselling. He [the CPN] seemed very nice, very gentlemanly and then as I said it was coming up to April 1st and 2nd. The coroner said he [Nigel] died on the 2nd but I could lay my life it would be the 1st – that’s the kind of joke it was and it was Mothering Sunday as well. But anyway it was coming up to that and I was going down and down and down. I was still drinking vast amounts then to try and find some peace you know. It was about – the police checked it up, it was the 12th April that the incident happened.”

The experience of being sexually abused by her CPN

Alice had been referred to the Community Psychiatric Nursing Service in the months leading up to the first anniversary of Nigel's suicide in April 1985. She had met Daker³ a few times before he sexually abused her. On one occasion Daker visited and Alice happened to mention she was trying to sell a spin dryer that she did not want anymore. It was almost brand new as she had bought it just before Nigel died and then never used it again. She was keen to get rid of it and Daker offered to buy it. He paid £20 for it and said it was for his girlfriend. To engage in a business transaction with a client is an unusual thing for a professional to do and is also in breach of the nursing codes of conduct. In this case it was indicative of further boundary violations to come.

Alice recalled Sunday 11th April when she had been out for Sunday lunch with some of her girlfriends. For Alice that did not mean eating food but drinking alcohol. When she got home she had already had quite a lot to drink but the thought of being alone made her drink even more. She described herself as drunk "*but not paralytic*". During the course of the afternoon Alice took an overdose which she said was her third attempt. It was a life threatening overdose but shortly after she had taken the tablets a friend from across the road called and found Alice semi-conscious in her flat. The next thing she remembers is being in hospital and having her stomach pumped.

Alice then told me that one of the doctors thought she should stay in hospital or move to the psychiatric ward but Alice was determined to return home. After staying overnight on the Sunday Alice was discharged home on Monday 12th April. She described feeling very tired, she had not eaten for several days and her mouth and throat were very sore from where her stomach had been pumped. She decided to go to bed and cannot remember much until the next morning but thought she had been visited by Daker that evening. On Tuesday morning Daker visited again and Alice remembers him making a cup of tea and talking with her. She asked if "*anything had happened*" the night before but he said it hadn't. When he was about to leave Alice accompanied him to the door. She was at pains

³ The real name of Alice's CPN is in the public domain. However, in order to ensure that any details such as the location of Alice's home town cannot be identified from this research I have changed his name. It is not meant to indicate any particular cultural origin.

to tell that she always waves visitors off at the door and it was not in any way a special thing she was doing with Daker. She described what happened next:

“As I got to the front door he picked me up, took me into the bedroom, took my, I’d got no trousers on then I wore a skirt, and he took my pants off and raped me and then he just went and I just laid there.”

Alice never saw Daker again.

I asked Alice if Daker had said anything to her before he left about not telling anyone and she told me he had. She said she could remember it word for word:

“Yes, yes that was his last words that morning and it’s funny I remembered that all them years. I can still hear it being said; he said to me ‘don’t tell anyone Alice, the Health Service has got a long memory’, exactly word for word.”

I was worried that there was an implied threat in this statement and asked Alice if she had experienced it as such at the time. She said that she had and that it made her not want to tell anyone. She felt that if she disclosed the incidents it would be blamed on her and would affect the treatment she was offered:

“...they would take everybody away from me and I wouldn’t have any more medical help. I don’t really know what I was thinking Janet. It just seemed a warning that is all.”

Alice also told me that she thought that Daker would probably be sacked if she disclosed it and that at the time she did not want to feel responsible for that. I asked if there were any other reasons why it was difficult to speak about it and Alice’s responses showed a mixture of self-blame, shame and bewilderment.

“I was ashamed of the fact that I was drunk on that Sunday. Why didn’t I put up a fight when he picked me up? I don’t understand me, that isn’t me.”

Disclosure and impact

Alice did not know what suddenly made her disclose the abuse but she described when it happened. It was Christmas and Alice had gone to spend the day with her son and his family. She had drunk quite a lot but was determined to get a taxi home as she preferred to be in her own home at night. As she was leaving she told her son that she had been raped. She did not understand why it came out now after all this time but it left her family feeling shocked. Her son was angry and all the family gathered round wanting to know who it was but Alice could not say anymore. She was put to bed in her grandson's room but early in the morning asked her son to take her home.

"I didn't want to see anyone; I didn't know what I had done. I was frightened, terrified. Terry [her son] didn't speak, brought me home in the car, kissed me goodbye and I went in the house. I didn't do anything, I just, I couldn't stop crying and cursing myself for saying it and I was frightened. I thought if that's the reaction I'm going to get I can't cope with this. It frightened me Janet. All this emotion that was coming out. All the disruption I was causing, all the problems. Then I thought nobody is ever going to speak to me again because it was my fault. Not a good feeling Janet."

Alice returned home and did not speak about it again for over a month. Her son did not pursue the matter with her either and it was not until she saw a programme on television about support for people who were victims of crime that she rang Victim Support⁴. A woman visited Alice the next day and after listening to the brief details of her story told Alice that she would have to pass it on to the police. A policewoman rang Alice very soon afterwards and asked if she could come and visit. Alice remembers being worried that her neighbours would see a police car arriving at her house but she was reassured that the car would be unmarked. On the advice of the Victim Support visitor Alice contacted her other son Graham to let him know what was happening. Alice described his and his wife Pat's reaction when they visited that night:

"He [Graham] was crying and Pat was crying. Graham went out and said 'I've got to go to the car for something'. He went to the car but he phoned Terry on his mobile and said 'did you know about

⁴ Victim Support is a voluntary organisation offering emotional and practical support to victims of crime.

this?’ Terry said ‘yes, she told us at Christmas but she told me she wasn’t going to do anything about it so I haven’t mentioned it.’ And Graham said ‘ there’s all hell let loose up here’ and they took me back with them that night and I come back home then the next day and I said ‘ well it’s started now so I’ve got to see it through.’ Of course they both wanted to know where he [Daker] was. They would have killed him.”

It appeared that Alice’s sons were so angry that she was quite frightened about what they would do but again she felt responsible for having disclosed the abuse.

“Terry and Graham’s anger. It did frighten me. I thought ‘oh my God, what have I done’, you know, opened a bag of worms here but we got through it.”

Alice was able to persuade her sons not to take their own action against Daker and instead to rely on the due process of the law in the form of the police investigation. She felt that although their anger was understandable they may in fact make matters worse or make the police case weaker if they intervened in any way:

“They just kept saying, Terry kept saying, and Graham especially he said ‘don’t worry we’ll find him, wherever he is we’ll find him’ and I said ‘if you do that you are going to spoil everything,’ I said ‘ let the police deal with it, I want it done in the proper way, let him get whatever’s coming to him. Let them do it.’ I said ‘what’s the point in you two going and finding him, beating him up, you’ll be in the papers’. I said ‘everything is going to be ruined because of him, don’t give me anymore guilt by you losing your jobs and ruin everybody’s lives’. That frightened me as well Janet, what they was capable of, but I convinced them”.

Alice told me that her sons remained very angry today and were not satisfied with the outcome of the investigations. She feels that they would still like to take some action against Daker themselves and have been very badly affected by it.

Investigation of the allegation

When Alice was interviewed by the police she alleged that she had been raped twice by a psychiatric nurse who had visited her following a suicide attempt, and that this had taken place around the time of

the first anniversary of Nigel's suicide. She was interviewed in the first instance at home by a woman police officer, Jane Carter from the local CID and supported by a member of victim support called Lisa. I was aware that the police investigation had not led to a prosecution of Daker but I wanted to find out how Alice had felt about this and about how she felt the police handled the investigation.

Alice felt much supported by both Jane Carter and her colleagues:

"They kept me informed all the way through, they were excellent. And Jane, bless her, she believed me from day one which was a great comfort Janet."

Alice informed me that the first task of the police was to find the alleged perpetrator as he no longer lived or worked in the area. Also, Alice had been unclear about his name and thought it was Draker or possibly Deaker. However, he was eventually found working as a psychiatric nurse in another part of the country. Jane Carter and her colleague went to interview him at his local police station where he admitted having sexual contact with a patient around the time that Alice had alleged. He remembered that the woman was bereaved, about Alice's age at the time of the offence, and that he had visited her at home twice in order to comfort her in her loss. However, he claimed that the sexual contact was consensual and he denied rape. In the course of their investigations the police had uncovered an earlier incident that Daker was involved with. Alice was not clear how they came to know about it but they informed her that whilst at university Daker had been caught behaving inappropriately towards women at university. He was not charged with any offences but Alice claimed that she had been informed by Jane Carter that the university had asked for it to be "*covered up*". Alice did not know exactly what the alleged offence was but she felt it had some bearing and connection to the behaviour Daker later displayed towards her. It was of a sexual nature and it was inappropriate behaviour between him and vulnerable women even if he was not charged with an offence. In Alice's view, this confirmed that Daker was a man who, because of this known history and her experience of him was likely to prey on vulnerable women in the future. Alice reflected several times in our meeting "*how many more are there?*" meaning how many more women had Daker abused. It is also clear from the way Alice spoke about this previous incident that she felt the harm done to her could have been prevented if Daker had been prosecuted earlier.

The police asked Alice to attend an identity parade as they were instructed by the Crown Prosecution Service that there was not strong enough evidence to link Daker to her. Alice found this very difficult:

“So then I was asked to go on this identity parade and I was terrified. Even though they all reassured me that he couldn’t see me, couldn’t hear me but I picked the wrong bloke because they lined up, Lisa will tell you, she’s my Victim Support lady, she went with me, she was allowed to be there as well. They said take your time, you know, how they do but of course they were all dressed in t-shirts, scruffy, old jeans; they looked as though they had been fetched in off the street. I couldn’t decipher one from another and I said number three, I think and it was number five. They told me afterwards because I wasn’t allowed to see any of the officers during that day, in case there was a cock-up in, you know talking to me. I said but they are not going to know where he is going to stand but they said ‘no’, Jane said ‘I can’t speak to you’. I understand it has got to be done proper hasn’t it Janet. But of course they couldn’t charge him there and then. She said that if we had got him Alice he would have been locked up tonight but I couldn’t. Seventeen years is a long time.”

Alice remembered that Daker had always been dressed smartly in a suit and tie when he visited her as a patient and the dress of the men in the line up had thrown her. She also said that she felt pressure to pick someone very quickly and didn’t want to feel that she was holding someone up. However, she was left confused about why she needed to attend an identity parade at all:

“I said well, to these two [police] officers surely there is paperwork to say who was his clients, who was his list rotated for? Why can’t that be found? Can you understand that Janet? I said that where is his supervisor, manager or whoever, comes to visit me should be on a list but I never got a proper reply Janet. That drives me crazy.”

The Crown Prosecution Service instructed the police that there was insufficient evidence for a prosecution at this stage. This was appealed by Jane Carter and her colleagues but this too was turned down:

“They [the police] went twice and they [the Crown Prosecution Service] turned it down because they said there wasn’t enough evidence. This man [Daker] claimed he didn’t know who the lady was. To me it wasn’t good enough Janet. I remembered his girlfriend’s name. He bought the spin dryer. That was the reason the spin dryer came up. It was something positive to show that it was him. Why couldn’t nobody find that particular note, list of nurses visiting? A bloke don’t just walk in a clinic and say who do I go out to today and nobody knows and they don’t tick it off that you’ve been seen. I don’t believe it not for a moment.”

There were clearly lots of unanswered questions in Alice’s mind and sense of anger and injustice that the police investigation did not lead to a criminal prosecution. Later in this research Alice thought that I may have uncovered more evidence in relation to a link between Daker and her as his patient and the police reopened the case. Unfortunately Alice’s hopes were dashed again as it did not lead to any further action being taken. However, Alice has been left with a sense of frustration and despair that a legal prosecution never happened but also anger towards whoever his supervisor or manager was:

“I’d like to go and investigate myself, I would – honest. And find out who was responsible for sending him out, where did he come from that night? Who notified him that I’d just come home from hospital that afternoon? I’ve never got to the bottom of it Janet, never.”

Researcher’s reflections

I was as puzzled as Alice about this. I knew that all professionals are expected to record what they do and visits that they make to patients or clients and I could not understand why the police had not been able to link Daker to Alice in this way. This was particularly worrying as it appeared that he had visited specifically in the aftermath of Alice’s suicide attempt and this would have involved communication between the Accident and Emergency Department at the hospital and the mental health services. As a matter of course all suicide attempts are referred to psychiatric services and it would have been known that Alice was already a patient. Alice agreed that I could access her medical file in order to find out why it had not been possible to link her and her abuser. Her file was lengthy and there were some entries to link her and Daker but the most important section was missing. At this

point I did consider the possibility that in the aftermath of the abuse perhaps Daker had deliberately covered his tracks and removed any record of those visits to Alice. I also considered whether anyone else, his supervisor or manager, had suspected any wrongdoing and had sought to cover it up as well. Alice said she understood that I may not be able to uncover any more than the police had but she still hoped that I would. This was, I think born out of her disappointment and frustration that her abuser had not been subjected to the full force of the law and in her view had got off lightly.

After the police investigation collapsed Jane Carter, as a matter of course referred the case to the Nursing and Midwifery Council⁵ to investigate. Unlike a legal prosecution the standard of evidence to a professional regulator is judged 'on the balance of probability' as opposed to 'beyond reasonable doubt' and this could make a significant difference in a case such as this.

Discussion and Conclusions

Alice had a long history of experiencing (male) doctors as powerful professionals and in her words they were "*gods*". For her this meant accepting what they said and that they would always know best. Her experiences of mental health services had been terrifying both in terms of the prescribed treatment, the attitude and behaviour of nurses, living on the ward with other patients and the response of the psychiatrist when she challenged her treatment.

Her recollection of the events of those two days raised many questions but in particular why she never saw Daker again. It would be unusual for a CPN to suddenly withdraw from visiting a patient without giving some explanation especially at a time of evident crisis. When I obtained Alice's medical notes they confirmed he had been to visit her but not why he then suddenly ceased contact. Alice did have further contact with mental health services including in-patient treatment. However, she heeded Daker's warning and did not tell anyone what had happened until seventeen years later.

It is difficult to know whether Daker would have been so keen to visit Alice that night if she had been a man but her vulnerability, as a woman, alone at night, had not been considered by Daker or his manager.

⁵ The Nursing and Midwifery Council is the regulatory body for nurses in the UK

Alice had described how the memory of what Daker had done has never left her. She remained fearful of being alone and of going to bed at night. She continued to live independently and had some out-patient treatment but she could not form any new intimate relationships. It was over seventeen years before she disclosed what had happened to her and whilst the police investigated they were unable to prosecute Daker. He was, however, struck off the nursing register having admitted to having sex with a patient. During that hearing it was disclosed that there were concerns about his inappropriate behaviour towards women students while at university.

Towards the end of the interview Alice reflected again on how she feels that, for her, the issue is not resolved. She has not been able to find closure and hoped that in talking with me for this research she may move a little further along that road. In spite of me emphasising that I was there to undertake research and I could not help her to achieve any of her unresolved goals in relation to the case, Alice still expressed a hope that I might. She did not mean that she had not understood the limits of my role but rather that the research might uncover things that would give her more answers or more explanations than she had found already. She was particularly worried about what Daker was doing now and hoped that he would respond to my request for an interview so that I could find out. In spite of several requests he never responded.

In conclusion Alice returned to the issue of complacency amongst Daker's colleagues and managers. It seemed throughout the interview that she felt he should have been stopped either by the university that he attended or by his employers or supervisor or somebody in authority.

"It's a laugh because that's how it seemed to me, it was a laugh. Nobody cared what he was doing. I don't know. I said to myself that day there's something wrong with me, there's got to be. If they can't see this is wrong and they're nurses caring for the community..."

And finally:

"So that's about my story Janet. Sorry I've had to unload all of this lot on you. There is nobody I can find so the progress I've made, if that's what you call it, I've done alone."

From what Alice had told me she certainly had managed most of the difficult issues surrounding the abuse on her own. Her contact with professionals since disclosing the abuse had not restored her faith in their ability to hold proper boundaries. If anything it had confirmed her view that they don't.

The study confirms the importance of practitioners having access to essential training on criminal offences involving sexual boundary violations; how to challenge behaviour in colleagues or employees that may be indicative of future misconduct; and how to support victims and their wider family as associate victims. Regulatory bodies should work more closely with the police in terms of sharing evidence and as a matter of course require the full medical notes of each victim to be available in any proceedings. Finally, it is important to give Alice the last word. This is taken from my final conversation with her:

“When I read it I just cried. I'm not used to taking compliments but the way you have written it you have made my story sound so interesting. But it hit me. All those times in hospital and that treatment – you have described what it was like but it doesn't tell the half of it. And as for Daker – I would still like to nail him before I go. I would like to make sure he is not working in some care home where he can do it again to somebody else. And if anybody tells me again that it gets better. It doesn't get better Janet. Take my word for it – tell them that.”

Alice

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