World Journal of Dental Excellence 2025, DECEMBER, Vol. 1 No. 2 : 34-37.
REVIEW ARTICLE
World Journal of Dental Excellence

Sexual Misconduct in Dentistry: A Call for Systemic Change and Cultural Accountability

Sangeetha Ramu

[1]Professor, Department of Oral Pathology, Dayananda Sagar College of Dental Sciences, Bengaluru.Karnataka, India

Correspondence
Sangeetha Ramu, Department of Oral Pathology, Dayananda Sagar College of Dental Sciences, Karnataka, India. 560011. .
Email: sangeetharamu@dscds.edu.in

Abstract

Background: Sexual misconduct represents a profound breach of professional ethics and a significant threat to practitioner and patient wellbeing. While increasingly acknowledged in healthcare, its specific manifestations and impacts within dentistry remain inadequately characterized and addressed. Methods: This narrative review synthesizes current literature to map the landscape of sexual misconduct in dental settings. It examines prevalence data across professional roles, identifies contributing factors, outlines consequences, and evaluates existing barriers to reporting and intervention. Results: Evidence indicates that sexual misconduct is a pervasive issue in dentistry, with dental hygienists and students being at highest risk. Prevalence rates vary widely (5%-86%), influenced by professional hierarchy and gender dynamics. Key facilitators include significant power imbalances, informal workplace cultures, and profoundly ineffective reporting mechanisms. The consequences are severe, encompassing psychological trauma, professional disengagement, and erosion of public trust. A critical gap exists in evidence-based interventions. Conclusion: The dental profession requires an urgent, multi-faceted response to sexual misconduct. This must include the development of robust, transparent policies; mandatory, scenario-based training for all staff; the establishment of trusted, accessible reporting systems; and a foundational cultural shift towards zero tolerance and accountability. Future research must prioritize qualitative insights, intervention efficacy, and the underrepresented perspective of patients.

KEYWORDS
Sexual Harassment, Professional Misconduct, Dental Workforce, Workplace Culture, Ethics, Policy Making

1 | INTRODUCTION

Sexual misconduct in the workplace encompasses a spectrum of unwelcome behaviours of a sexual nature, including gender harassment, unwanted sexual attention, and sexual coercion [1]. In the United Kingdom, the Equality Act 2010, reinforced by the Worker Protection Act 2023, legally obligates employers to take reasonable steps to prevent such conduct, which can create an "intimidating, hostile, degrading, humiliating or offensive environment" [2,3]. The healthcare sector is not immune to these issues. High-profile reports from within medicine have shed light on systemic problems of sexism and harassment [4,5]. However, the unique environment of dentistry—characterized by close-proximity patient care, often isolated operatories, and distinct hierarchical structures (e.g., dentist-therapist, supervisor-trainee)—creates a specific context of vulnerability that has been largely overlooked in broader healthcare discussions [6,7]. This narrative review aims to consolidate the emerging evidence on sexual misconduct within dental settings. It will explore its prevalence among different professional groups, analyze the underlying contributing factors, and detail the profound consequences for individuals and the profession. Finally, the review will propose a forward-looking framework for prevention, response, and essential future research.

2 | THE SCOPE OF THE PROBLEM: PREVALENCE AND POPULATIONS AT RISK

The true prevalence of sexual misconduct in dentistry is difficult to ascertain due to significant underreporting, but available data paint a concerning picture. Studies report a wide range of experiences, with prevalence rates varying from 5% to 86% depending on the professional group studied, the specific behaviors measured, and the timeframe considered. The types of misconduct experienced are varied. Verbal

FIGURE 1 Conceptual graphical representation of the fractured professional environment caused by sexual misconduct. Labels: Sexual, Appearance, Racial, Political, Intellectual.

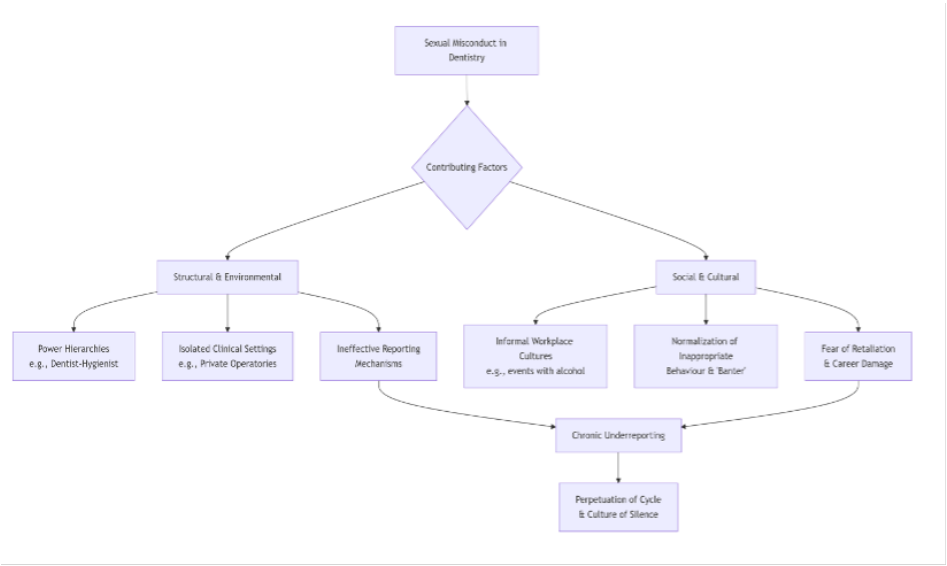

FIGURE 2 Flowchart illustrating the interconnected factors that contribute to and sustain sexual misconduct in dental settings.

harassment is most frequently reported, including sexually suggestive jokes, comments, or remarks about appearance[8,14]. Non-verbal harassment, such as leering or the display of pornographic material, is also common[9]. Physical harassment ranges from unwanted touching to, in extreme cases, patients exposing themselves or masturbating during treatment[8,15]. A particularly telling metric is the prevalence of witnessing misconduct, which studies report at 25-40%[10,16]. Alarmingly, a significant majority of witnesses do not intervene, often due to uncertainty, fear, or a perceived lack of responsibility, indicating a culture of silent complicity[16].

3 | UNDERSTANDING THE ECOSYSTEM: CONTRIBUTING FACTORS AND PERPETRATORS

Sexual misconduct does not occur in a vacuum. It is facilitated by a combination of environmental, cultural, and structural factors. The profile of perpetrators is consistently gendered. Multiple studies and analyses of disciplinary tribunals identify that over 90% of perpetrators are male[17,18]. The two most common perpetrator groups are patients and colleagues. For students, professors and clinical supervisors are frequently implicated, highlighting the risk inherent in educational power dynamics[10,11]. The overrepresentation of dentists as perpetrators, relative to their numbers in the workforce, points to the abuse of professional authority[9,19].

4 | THE FALLOUT: CONSEQUENCES OF SEXUAL MISCONDUCT

The impacts are devastating and multi-layered. For the Individual Victim: The psychological toll is immense, often involving anxiety, depression, post-traumatic stress, and recurrent distressing memories[10,20]. Professionally, victims report a loss of enthusiasm for their work, disengagement from clinical duties, and impaired performance. Some may even alter their career path or leave the profession entirely[8,21]. For the Dental Team: A single incident can poison the workplace environment, eroding trust, damaging team morale, and fostering a climate of fear and suspicion[22]. For the Profession: Widespread or publicized misconduct severely damages the profession's reputation. Sensationalist media coverage, while not always representative, can undermine public confidence and deter people from seeking care or entering the profession[23,24]. For Patients: Although data from dentistry is scarce, medical literature confirms that patients who experience sexual misconduct by a provider suffer profound psychological trauma, violated trust, and may subsequently avoid necessary healthcare[25,26].

TABLE 1 Reported Experiences of Sexual Misconduct by Dental Professional Group

Professional Group	Key Findings	Common Perpetrators
Dental Hygienists	Highest reported rates; studies indicate 25% to over 80% have experienced harassment [[REF:8, 9]].	Patients, dentists (employers/senior colleagues).
Dental Students	Significant minority affected (5%-22%); experiences during training can shape professional outlook [[REF:10, 11]].	Patients, clinical instructors, professors, senior students.
Dentists	Lower reported rates (7%-29%), though still substantial; associates may be vulnerable to senior partners [[REF:12, 13]].	Patients, colleagues, practice owners.

5 | BARRIERS TO REPORTING AND THE INTERVENTION VOID

A central challenge in addressing this issue is the profound underreporting of incidents. The barriers are systemic and powerful: Unclear Pathways: Many dental professionals are unaware of how or to whom they should report an incident [10,27]. Distrust in the System: A pervasive belief that reporting will be ineffective, that complaints will be dismissed, or that the perpetrator will be protected is a major deterrent [8,28]. Fear of Retaliation: Victims fear blame, social ostracism, damage to their professional reputation, or even loss of their job or academic placement [14,29]. Normalization: When inappropriate behaviour is routinely dismissed as "just banter" or "the way they are," victims may question their own perception of the event and decide reporting is futile [15,30]. Compounding this problem is a critical evidence gap. While numerous studies document the problem, there is a near-total absence of research on evaluated interventions designed to prevent or respond to sexual misconduct in dentistry [31]. Recommendations for frameworks like IR-DAR (Intervene, Report, Document, Access support, Resolve) exist but remain largely theoretical and untested in practice [32].

6 | A FRAMEWORK FOR CHANGE: RECOMMENDATIONS AND FUTURE DIRECTIONS

Tackling sexual misconduct demands a concerted, systemic approach. The following actions are critical: 1. Develop and Enforce Clear Policies: Every dental organization must have a comprehensive, dentistry-specific policy that explicitly defines sexual misconduct, outlines confidential and accessible reporting pathways, and details investigative procedures and disciplinary consequences. A zero-tolerance stance must be more than a slogan; it must be operationalized. 2. Implement Mandatory, Contextual Training: Training for all staff and students cannot be a mere checkbox exercise. It must be ongoing, interactive, and use scenario-based learning tailored to dental settings. This should include: Bystander intervention training to empower colleagues to safely disrupt inappropriate behaviour; Training for managers and supervisors on how to receive, investigate, and manage complaints in a trauma-informed manner. 3. Cultivate a Culture of Accountability and Support: Leadership must actively model and enforce a culture of respect. This involves creating a supportive environment where individuals feel safe to speak up without fear of reprisal. Promoting psychological safety is key to breaking the cycle of silence. 4. Prioritize Future Research: The academic and professional community must shift focus from solely documenting prevalence to generating evidence for solutions. Key research priorities include: Qualitative studies to deeply understand the lived experiences of all affected parties; Intervention studies to develop and test the efficacy of reporting frameworks, training programs, and restorative justice models; Exploration of the patient perspective regarding safety, boundaries, and experiences of misconduct.

7 | CONCLUSION

Sexual misconduct is a deeply embedded and corrosive issue within the dental profession. It thrives in environments of power imbalance, cultural passivity, and systemic failure. The consequences—ranging from individual trauma to collective professional damage—are too severe to ignore. A paradigm shift is urgently required, moving from silent acceptance to proactive accountability. Through the concerted development of robust policies, effective education, trusted reporting mechanisms, and a fundamental cultural reckoning, the dental profession can begin to forge safer, more equitable, and truly professional workplaces for all.

REFERENCES

1. National Academies of Sciences, Engineering, and Medicine. Sexual harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine. Washington, DC: The National Academies Press; 2018.
2. UK Government. Equality Act 2010. London: The Stationery Office; 2010.
3. UK Government. Worker Protection (Amendment of Equality Act 2010) Act 2023. London: The Stationery Office; 2023.
4. British Medical Association. Sexism in medicine: it's time for a reset. London: BMA; 2021.
5. Begeny CT, Arshad H, Cunning T, Wiodarski R, King K, Crank H, et al. Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: an observational study using NHS population-derived weights. Br J Surg. 2023;110(11):1518-1526.
6. Ram Y, Tribe J, Biran A. Sexual harassment: overlooked and underresearched. Int J Contemp Hospitality Manag. 2016;28(10):2110-2131.
7. Teoh L, Brocklehurst P. Professional boundaries in dentistry. Br Dent J. 2018;225(12):1079-1083.
8. Patel J, Smallidge D, Boyd LD, Vineyard J. Inappropriate patient sexual behavior in the dental practice setting: experiences of dental hygienists. J Dent Hyg. 2021;95(6):1142-1151.

9. Kim SI. The actual condition among clinical dental hygienists of bullying experience and sexual harassment during the workplace. Int J Bio Sci. 2017;20(4):8245-8254.
10. Garbin CAS, Garbin AJ, Moimaz SAS, Gonçalves PE. Sexual harassment in dentistry: prevalence in dental school. J Appl Oral Sci. 2010;18(5):447-452.
11. Ivanoff CS, Luan DWM, Hottel TL, Hardigan PC. An international survey of female dental students' perceptions about gender bias and sexual misconduct at four dental schools. J Dent Educ. 2018;82(10):1022-1035.
12. Azodo CC, Ezeja EB, Ehikhamenor EE. Occupational violence against dental professionals in southern Nigeria. Afr Health Sci. 2011;11(3):486-492.
13. Rostami F, Atcha M, Balasubramanian S, Laskin DM. The changing personal and professional characteristics of women in oral and maxillofacial surgery. J Oral Maxillofac Surg. 2020;78(8):1241-1246.
14. Hunt AW, Bradshaw RT, Tolle SL. Sexual harassment issues among Virginia dental hygienists. J Dent Hyg. 2020;94(5):37-47.
15. Millbank J. Serious misconduct in health practitioners: disciplinary tribunal decisions under the National Law 2010-17. Aust Health Rev. 2020;44(2):190-199.
16. Banihani G, Jalil N, Kandhari S, Thomas R, Vithlani A, Vithlani V. Inappropriate behaviour in a dental training environment: pilot of a UK-wide questionnaire. Br Dent J. 2023;235(11):859-863.
17. Gallagher CT, Tschudin V, Saadalla G, Gula M, Pulsford D. Disciplinary action against UK health professionals for sexual misconduct: a matter of reputational damage or public safety? Med Leg J. 2021;89(2):67-76.
18. General Dental Council. Guidance for the Practice Committees including Indicative Sanctions Guidance. London: GDC; 2019.
19. Foong A-L, Houle SKD, Austin Z, Edwards DJ, Grindrod KA. Dentist disciplinary action: what do dentists get in trouble for? Health Policy. 2023;18(4):72-83.
20. Thurston RC, Chang Y, Matthews KA, von Känel R, Koenen K. Association of Sexual Harassment and Sexual Assault With Midlife Women's Mental and Physical Health. JAMA Intern Med. 2019;179(1):48-53.
21. Irish L, Kobayashi I, Delahanty DL. Long-term physical health consequences of childhood sexual abuse: a meta-analytic review. J Pediatr Psychol. 2010;35(5):450-461.
22. Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. Acad Med. 2014;89(5):817-827.
23. Ellis M, Johnson L. Exploring dentists' professional behaviours reported in United Kingdom newspaper media. Br Dent J. 2020;229(7):455-460.
24. Sindhu KK, Schaffer AC, Cohen IG, Allensworth RD, Adashi EY. Honoring the public trust: Curbing the bane of physician sexual misconduct. J Law Biosci. 2022;9(1):lsac007.
25. Siyam T, Shahid A, Perkhun A, Al Hemyari B, El Hussein N, Abdalla O, et al. Sexual Harassment in the Healthcare Environment: A Narrative Review. Cureus. 2023;15(7):e41560.
26. Shalowitz DI, Anderson TL. Safeguarding Against Sexual Misconduct. Obstet Gynecol. 2020;135(1):6-8.
27. Heaton B, Staz M, Fox CH, Duane B, Tobin K, Scarbecz M, et al. Survey of dental researchers' perceptions of sexual harassment at AADR conferences: 2015 to 2018. J Dent Res. 2020;99(5):488-497.
28. Liang RY, Ling DCT, Will LA, Gold J, Adam L. "It's just inappropriate": Harassment of dental students by patients. J Dent Educ. 2022;86(5):605-614.
29. Finn GM, Crampton PES, Kehoe A, Fleming J, Conlon M, Hafferty F, et al. Experiences of GDC fitness to practise participants 2015–2021: a realist study. Manchester: University of Manchester; 2022.
30. Llewellyn J. Responding restoratively to student misconduct and professional regulation: the case of Dalhousie dentistry. In: Burford G, Braithwaite J, Braithwaite V, editors. Restorative and Responsive Human Services. New York: Routledge; 2019. p. 127-42.
31. Drovandi A, Finn GM. A review of sexual misconduct in dentistry. Br Dent J. 2025;239(6):393-401.
32. Al-Jewair T, Scates J, Stephan E, Chin K, Wells M. Frameworks for managing inappropriate behavior in clinical dental training environments. J Dent Educ. 2024;88(12):1642-1651.

How to cite this article:
Ramu S. Sexual Misconduct in Dentistry: A Call for Systemic Change and Cultural Accountability. World J Dent Excell. 2025;1(2):34-37.