Sexual Abuse by Health Professionals: A Personal Search for Meaning and Healing, by P. Susan Penfold (Toronto: University of Toronto Press, 1998), 233 pp., $50.00 (cloth), $18.95 (paper).

P. Susan Penfold, a psychiatrist, writes with two different “voices” for two different audiences. First, she writes for women who have been sexually exploited by health care professionals. She hopes this audience will gain strength and insight by reading Sexual Abuse by Health Professionals. She tells her own story of being sexually victimized. After reading Penfold’s work, the victimized reader will no longer feel alone and will be given strength to effectively pursue “healing.” Second, Penfold writes for health care professionals. For them, her desire is to provide clinical insight into the psychosocial dynamics of sexual exploitation of patients and clients. Although not specifically stated, her primary professional readership appears to be psychiatrists. She was a sexual victim of a practicing psychiatrist (also her professor) while she was a medical student. Writing in two voices, one for professionals and one for laypersons, is an extremely difficult task. Penfold is impressively successful in her endeavor.

Following the author’s lead, I write this review in two voices: first as a critical reviewer and clinician who recognizes the harm of sexual relationships based on different levels of power, and second, on a personal/emotional level.

This book is well organized. One concept flows neatly into the next. For this monograph, writing with a clear, logical flow was a Herculean task. Penfold begins each chapter with a case illustration of her personal experience of being sexually victimized by a health care professional (her professor/therapist). This part of every chapter is written in the first person and indicated by italics. From there Penfold moves to
a more traditional scholarly style in the third person. At this point she offers case studies of other victims to illustrate the commonality and differences with her personal experience. Next she elaborates and explains concepts that were introduced in the case illustrations. She incorporates an impressive array of scholarly citations, most from medical journals that are clearly beyond the scope of non-health-care professionals. I have read other attempts to write in two voices (one for a professional audience and one for a popular audience), but they usually fail. They generally lack substance for professionals or are too "deep" for the popular audience. Penfold succeeds where other authors have failed. Her effort in this regard must be applauded.

My first immediate and personal response was total disbelief. The case illustrations are too bizarre, and a professional observer (one without an agenda) could easily interpret these client/patient complaints as being delusional. Questions that emerged in my mind include:

1. With the extensive training one receives, how could a professional be so stupid?

2. Are the issues of ethics, transference and countertransference currently being taught in professional health care programs?

3. How could a person of Penfold’s intellectual capacities allow such a thing to happen?

A long list of questions like these plagued my mind during my entire reading of this well-written book. Most of my concerns have been left unanswered. Most importantly, Penfold does not come off as a sympathetic figure, but rather as someone who should have known better and responded to her difficulty with greater immediacy. The real problem with Penfold, and perhaps with all psychotherapists, is that we possess sophisticated skills in employing rationalization to justify our mistakes and frailties to ourselves and others. At the end I remained frustrated, because although Penfold never had the guts to file a complaint, she claims she is able to
shepherd her sexually exploited patients to do what she could not. Her intellectual ability to explain her plight is eloquent but nevertheless shameful. I hate myself for these thoughts, because they are classic illustrations of “blaming the victim.” In those circumstances, could I have done better? I like to think I could, but realistically I do not know what I would have done.

The critical question: If Penfold could not file a complaint, how can we expect our clients and patients to do so? The bottom line is that most therapists (male or female) are going to have difficulty believing these bizarre complaints. However, here lies the saving grace of this book. In the end, the reader will become a believer, and more sensitive to the possibility of this type of sexual exploitation. If Penfold’s goal was to pressure health care professionals to be more considerate of the possibility of sexual exploitation among our peers, she has succeeded.

In addition, and on a more intellectual level, she effectively reviews the literature and describes the prototype health care professional who has the greatest possibility of exploiting patients or clients. Here lies the greatest flaw in our graduate and advanced training for health care professionals. We are good at screening applicants for intellectual ability but fail at screening them for non-quantifiable traits. We do not effectively screen for caring, compassion and ethics.

Although Penfold achieves the goal of forcing the professional reader to be more sensitive to the needs of sexually exploited patients and clients, other key needs are not achieved. The profound weakness of this book is that it gives no insights into solving the problem. The solution cannot be merely getting professionals to be more sensitive. Penfold makes no recommendations for screening at admissions to advanced training programs. Based on her data and literature, she should have at least alluded to this task. In addition, she offers no protocol for differentiating delusional complaints
from true complaints. If the cases described in her book are
typical of the complaints registered to professional boards,
patients and clients are in trouble. They will not be believed,
because—simply stated—on the surface the complaints are
unbelievable. Penfold must provide guidance to ethics
boards. Last, Penfold is a poor role model for other patients
and clients. She did not report her own exploitation, nor does
she offer to other victims any insight into the intricacies of
the reporting process. These are serious problems.

Nevertheless Penfold offers a significant contribution both to
health care professionals and to victims of sexual exploitation
by health care professionals. She opens the door to the prob-
lem by scratching the surface. Readers, both professional and
non-professional, will be left with more questions than
answers, but I do not believe this feeling of ambiguity is a
bad experience. I strongly recommend this book to health
care professionals who are on ethics boards or on admissions
committees of advanced training programs. In addition,
I think that professionals who come in contact with patients
and clients who complain about sexual exploitation should
recommend Penfold’s book to them. Last, all appropriate aca-
demic libraries should adopt this book.