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Content warning: This letter openly details examples of sexual harassment and assault.

Thursday 1 May, 2025

Dear Professor Nicki Cohen, Professor Shitij Kapur, and senior leaders of GKT, KCL, and KCLSU,

We are writing to you as we are deeply concerned about the complicity of GKT School of Medical Education (GKT), King's College London (KCL), and King's College London Student Union (KCLSU) in violence against women and girls.

Action:

For real change to happen, GKT, KCL, and KCLSU must commit themselves to creating an environment that is preventative rather than reactionary. Below are some actions that we believe are necessary in creating a safer university environment, including some points modelled off existing open letters (1) (2). Please note that this list is not exhaustive and can be built upon with student input:

Compulsory and regular sexual harassment response training for all student-facing staff - This will ensure that staff can best advocate for student survivors and communicate with survivors appropriately. This training should also cover unconscious bias on the discrimination faced by marginalised groups, including student sex workers.

GKT must sign the NHS Sexual Safety Charter (3) - As of 20th April 2025, GKT has not signed the NHS Sexual Safety Charter. The reasons for this are unclear. Signing this charter would ensure accountability and commitment to creating a safer environment for medical students and staff. If GKT refuses to sign the charter, their reasoning must be provided and made public.

An audit of the current system used to report and investigate cases of misogyny, sexual harassment, and assault - The current reporting system is not fit for purpose and does not go far enough to support survivors.

Implementation of a clear, transparent process to report misogyny, sexual harassment, and assault with a zero sexual violence policy - We demand a better, trauma-informed reporting system for students:

- A concise framework must be published as to how cases are handled and the rationale behind it, including what constitutes sexual harassment/ assault.
- There must be a way for survivors to report cases without feeling intimidated or undermined, no matter the time elapsed since the assault.
- All cases must be followed up within a transparent time frame of 60- 90 days with clear and reasonable justification for extensions, if necessary, cases must be resolved as quickly as possible **without** compromising the quality of the investigations undertaken.

- Investigations can not be dependent on whether a survivor files a police report, and similarly, survivors can report cases to as many establishments, eg, the police, as they see fit.
- It must be made clear who is responsible for dealing with instances of harassment/ assault on placement and whether the trusts or universities should investigate.
- If the accused leaves GKT and/ or KCL, the investigation must still run its full course irrespective of their status as a student.

This system should actively work to support survivors, not alienate them.

Security and safety of the survivor must be of the utmost importance once a case has been made -

- The university should only approach the accused with the allegations made once the victim has given formal, explicit permission and safeguarding is put into place.
- A No-Contact Agreement (NCA) must be made once the accused has been made aware of the allegations.
- A risk assessment must be done immediately, and the timetables of the survivor and the accused are to be compared. Once compared, the appropriate changes must be made to minimise the contact between the two parties **without** restrictions on the survivor, including but not limited to exams, lectures, tutorials, and placement.
- If this agreement is breached by the accused, then they must receive immediate and formal disciplinary action.
- A survivor must be allowed to record and bring another trusted person at every stage of the investigation, e.g, interviews, for emotional support. There should be no attempts to dissuade this.

Accessible, confidential support for survivors - Once reported, survivors **MUST** be contacted within 2 weeks and offered regular counselling and support sessions led by trained specialist staff with a survivor-centred approach.

Trauma-based approach teaching for students on communicating with patients on placement - As medical students and future doctors, we are in a unique position where we are often entrusted with patients' major concerns and vulnerabilities. There is currently no formal teaching on rape forensic kits or how to communicate with patients who may present to their GP or A&E after an assault. We demand formal mandatory teaching, including but not limited to:

- Intimate examination training that ensures patients are respected and left with minimal pain.
- How to obtain proper consent on placement, active bystander training, and formal teaching on gender based violence.
- History taking sessions for survivors of sexual assault, RCGP, and mOSCE scenarios of patients who are survivors of sexual assault. The available guidelines include those provided by the Royal College of Emergency Medicine (4) and the Royal College of General Practitioners (5).

A compulsory training session/ module on consent before students can buy a sports membership and enter Guy's bar - Examples include 'Oxford's consent for students online programme' (6). All students must have a baseline understanding of consent before taking part in society events. This training should be repeated annually.

Misogyny at GKT has become endemic. As a community, we see it at our events, on campus, and at placements. We are stuck in an institution that refuses to call out and condemn this behaviour and have felt ignored, intimidated, and afraid to challenge a system that is seemingly ingrained into our medical school and university. We will not be gaslit or excused into thinking that this is normal, we will not be told that this is a part of medicine we should simply put up with, and we will not be silenced. This letter should not be interpreted as a hysterical knee-jerk reaction but rather the result of years of hurt and betrayal by our faculties and leaders who have a duty to protect us.

Gender-based violence and anti-social behaviour are epidemic and permeate the fabric of UK universities. Over half (56%) of university students have experienced sexual harassment/violence, yet only 8% have reported an offence (7). Students in England and Wales are three times more likely than average to experience sexual harassment and assault (8), and female students being more likely to experience this, and male students being more likely to perpetuate it. Violence against women and girls is now considered a public health problem (9) and a national emergency at epidemic levels (10), which deserves a coordinated response. As women living in London, we are all too familiar with this problem, yet a culture of blame has been created where individuals become angry with the women who speak up for themselves rather than the perpetrators.

Our time at university has been framed by incidents such as Gisèle Pelicot, Southport stabbings, and the Hunt family murders, signalling a dangerous shift in attitudes towards women. This includes cases of doctors receiving minimal punishment for harassment and assault. In the last year, a doctor was punished with a limited suspension for sexual harassment rather than being struck off completely (11). The Medical Practitioners Tribunal Service (MPTS) has also allowed lenient sentencing, including allowing a doctor with over 100 allegations of inappropriate behaviour, 24 of which were proven, to continue his practice and considered him a 'low risk' to patients (12). Similarly, a doctor who was found to have raped a woman in his home avoided being struck off by the MPTS as the victim was not a patient and he 'had not abused his position of trust as a doctor' (13). Yet female medical students are expected to feel safe in a profession that clearly does not care for their safety and well-being.

University is a place where rape culture and student life co-exist it is seen as a normal, ingrained part of the environment and any attempt to change this is treated as a laughable endeavour, and it is incredibly upsetting that the atmosphere at GKT School of Medical Education and King's College London is no different. Research from Surviving in Scrubs also suggests that some senior doctors target medical students whilst on placement (14). Female medical students are disproportionately sexually harassed compared to non- STEM students (15), with 91% of women doctors experiencing sexism in the last 2 years and 47% feeling they had been treated less favourably due to their gender (16) and with the lack of initiative

not only does GKT not try to stop this problem but actively contributes to it. The action against this must start with us at a local level, and until every student and staff member at GKT is working to dismantle this system, it will continue to thrive.

Not every male identifying GKT student or staff member is part of the problem; however, unless they are actively against all forms of misogyny, they are also not part of the solution. It is also worth noting that female students and staff can also push misogynistic rhetoric and are not exempt from this.

In our first years of medical school, we are given lectures on behaviour that is expected of us at placement - this includes 10 minutes of questions on the correct shoes to wear and putting stress on the correct dress code, yet there is no teaching on how to treat our peers. More time in our curriculum is spent on shoes than on sexual assault and harassment, and the safety of women and those who identify as women on placement. It is extremely disappointing that there is no mandatory teaching on gender-based violence and bystander training provided by GKT. Neglecting to teach medical students about the impact and prevalence of misogyny prevents them from calling out this behaviour during medical school and inadequately prepares them to care for the most vulnerable in our society during their careers.

The pyramid of sexual violence is displayed every day in students' experiences at GKT (17). This starts with women at placement being told they will 'make great mothers' due to their empathy, but men are lauded for going above and beyond for having that same level of emotional intelligence, this includes doctors giving unsolicited personal and work advice to female students who want to enter competitive specialties such as surgery. Though seemingly insignificant, this leads to a culture where sexual violence is both normalised and trivialised - it starts with casual sexism against women.

This is further escalated at multiple GKT sports games with male teams and spectators hurling abuse and inappropriate comments with homophobic and misogynistic undertones, and when this is brought to staff to complain, it is not investigated properly.

The lack of work done on the ground by GKT leaves a void that students are left to fill. In 2017 GKT men's and women's hockey joint with KCL amnesty held an event to promote awareness of the "KCL for consent" campaign and also the worldwide "My body, my rights campaign" which are great steps in the right direction, however, it is incredibly upsetting that almost 7 years later to the day (19th October 2017 - 22nd October 2024) GKT ladies hockey had to host a consent evening because this issue is becoming impossible to ignore in our daily university lives. This only pushes more responsibility onto female medical students who are more likely to be survivors of sexual violence but are still left to 'educate' misogynistic individuals - individuals who are already against learning and are less likely to take female voices seriously. These initiatives also lead to an obvious confirmation bias- the people who need to hear the message are unlikely to attend. Why have no steps been made in the right direction? Why is there no support on the ground? Why is there no accountability for the men and women who perpetuate gender-based violence?

In March 2025 it was announced that for the first time ever in the UK that female doctors outnumber male doctors (18). We are often reminded of the GMC guidelines throughout our training, and in 2023 the GMC updated their Good Medical Practice regarding sexual

misconduct towards colleagues., 'You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact' (19). Celebrating women in the workforce without taking steps to ensure their safety is an empty gesture. Frequently, GKT needlessly wields 'professionalism' over non-issues such as surveys and feedback, yet they are noticeably subpar in their response to sexual harassment and assault.

It is not unbelievable to suggest that misogyny at GKT has become the cultural norm, where actions to dismantle and oppose are now the outlier that further contributes to rape culture. The lack of education and discussion on this topic is noticeable. Are GKT, KCL, and KCLSU aware of this problem? If not, how is that possible? There have been clear systemic failures and pushback for years, and if they are aware, why has there been no tangible action taken? Is the safety of women, girls, and in particular, female medical students not important? Unless GKT, KCL, and KCLSU are actively working against misogyny, they are contributing to the problem. Neutrality is not an option as it adds to the violence students experience everyday.

Statistics and testimonies:

As a group, we designed a survey asking GKT students to describe and report their experiences of sexual harassment/ assault and misogyny. The responses, put simply, are disturbing and enraging.

50.7% reported misogyny to be a 'very prevalent' issue at GKT, and 34.3% reported misogyny as 'somewhat prevalent'.

In response to the question 'Do you think that GKT/ KCL faculty handles the issue of misogyny, sexual harassment and sexual assault adequately?', 50.7% of students responded, 'not at all', and 38.8% responded 'not really'.

73.1% of students said that they had witnessed or experienced incidents related to misogyny, sexual harassment or sexual assault at GKT/ KCL (including on campus, during placement or at GKT events).

65.7% of students said that they did not know how to report incidents of misogyny, sexual harassment or sexual assault to GKT/KCL.

Below are some testimonies from medical students on their experiences at GKT. We ask that you take the time to read through them carefully and recognise the courage it has taken for these individuals to share their stories.

For ease, the testimonies have been categorised to the best of our ability, though the majority of these do not fit into any singular category:

Misogyny/ harassment on placement:

- *'Upon meeting with my educational supervisor and telling him about my hobbies he was adamant that I needed to cut down because I needed to get used to being*

a doctor and understand that I would not be able to balance everything. He then questioned me about my future career aspirations, he made sure I understood the undertakings of surgery and whether that would fit in with me wanting a family and further and to think about what relationship I would be in as to whether I could pursue this. It seemed fair and logical but also I am almost completely sure if he has a male student he would never have said this to them.'

- *'On placement a doctor I was shadowing in clinic said he could send me some resources to help with my OSCEs and that he had some surgeries coming up that I could shadow. I offered to give him my KCL email so he can send me resources through there and coordinate a shadowing opportunity and he said my phone number would be better. I agreed, thinking it was strange but have heard of a male friend making connections with doctors on placement and getting their numbers so thought there would be no harm. I proceed to get inappropriate text messages from this doctor commenting on my appearance and how I should be a model. I didn't report it as I didn't think it would be taken seriously and thought there'd be no point as nothing would happen anyways.'*
- *'Multiple incidences of students and doctors being dismissive (or misogynistic) of female patients (saying they're over exaggerating, psychologically unstable, malingering etc)*
- *'Physical harassment of students/staff by patients is normalised and vaguely addressed but not stopped, and no follow up for victims afterwards (I've had patients ask me out, comment on my body eg 'complimenting' my cleavage while bending over to take bloods, ask me to inappropriately hold their genitals while doing a catheter)'*
- *'Lots of male students at GKT are dismissive of female patients rights to privacy (eg complaining they can't observe intimate exams bc patients refuse). I've seen staff comfort the students by saying "it's a shame you have to respect their autonomy" or even just not asking the patient for consent.'*
- *'Some students show repeated disrespect for their female colleagues, whether commenting on their body in scrubs, "they're on their period", how they shouldn't go into competitive fields as their 'clock is ticking', a keen/competitive female student is a 'bitch' while a male one is... 'driven'?''*
- *'Other male medical students have told me I won't get into certain specialties as a female. A male cardio consultant at KCH told a fellow medical student she shouldn't bother with cardio as she won't make it because she's female.'*
- *'On our hospital placement, two boys tried to steal our placement by getting there before us. Fortunately, we were there early, but later that afternoon, we overheard them talking about how 'it's so easy to steal placements from girls because they're less confrontational'. They were actively checking the time table for when a pair of girls had a placement so they could take it.'*

- *'Another male med student assumed I was scared of blood because I am a girl'*
- *'A male med student said to two female clinical teaching fellows who had already introduced themselves as doctors 'I assume you are both PAs'*
- *'Overhearing male peers speak about women in the medical field in a disrespectful way, suggesting they should not be in specialised fields and how they would prefer male doctors to shadow despite there being no clear issues with their female supervisors.'*
- *'Also have had a male peer suggest I should become a GP, said in a patronising way clearly insulting the GP profession as well as insulting my capabilities. '*
- *'There are dangerous people on the course that don't even get a slap on the wrist after being reported for misogynistic professionalism issues. There needs to be harsher consequences or any consequences at all.'*
- *'Although I've never witnessed any, doesn't mean there aren't any. I don't really come to campus a lot nor go to university related events, but everyone who does should be able to feel safe. Hearing incidents where misogyny has occurred but faculty hasn't taken any action made me feel disappointed that this is the university I pay my hard-earned money to, and disappointed that women have had that happen to them.'*
- *'Primarily misogyny against black women. I do not feel appreciated at the hospital, staff avoid eye contact, do not engage in conversation with me as much as they do with white male peers. Staff assume that I am not a medical student and I have been faced with hostility. A senior level staff member at the hospital suggested that I was lying about being a medical student and committing fraud - despite wearing my lanyard. I have a lot of anxiety attending placement, and my attendance is bad because I do not feel welcomed. My imposter syndrome has only multiplied. I have experienced micro aggressions such as being ignored during group work.'*
- *'As a black woman I've experienced clear examples of misogynoir. Particularly on placement, doctors and other medical students often talk over me, assume that I don't know what I'm talking about or just ignore me. Something which I don't see happen with my non-black particularly male colleagues even if they're my clinical partners. It sometimes feels like doctors have a personal dislike towards me though I've done nothing wrong or ever met them before, though they are much nicer to my colleagues right in front of me. I've often had to really push to be taken seriously which can be exhausting since I've already been assumed to be incompetent. It used to really impact my mental health and experience at medical school though now I'm used to it and almost expect that treatment which isn't fair. I don't see it changing anytime soon.'*

Groping and non- consensual touching:

- *'Guys bar, on nights out (sports night) being in the queue for drinks I have had a male completely grab my ass without even talking to me, when then looking at him he then turned away after giving a weird smile brought his drink and walked off whilst looking back. This was not an accident as it was a full on grab in private areas. I fear this is not uncommon for ladies on any night out but I believe that campus should at least be a place women feel safer.'*
- *'I've recently had a close friend consistently disrespect my boundaries, I've raised it multiple times and he kept being inappropriate, until he eventually got into my bed and started touching me inappropriately. I since had to cut him off. Our mutual friends said they noticed him being "touchy" with me but didn't speak up and validate how I was feeling until this last event, where they finally backed me. However, I am not willing to raise it with GKT because of his "career prospects" and I think it's not "bad enough".'*
- *'The issue at hand is that if you do make a complaint, it is dealt with on a case by case basis, and the way that it is dealt with is opaque. This does not leave any room to combat a wider rape culture. I have heard of serious behaviour happening in our cohort, such as students being groped, and these students are scared of coming forward precisely because of how opaque the accountability system is... Other students have witnessed a whole range of shocking behaviour such as students fondling mannequins, a students asking a group of girls during a GP teaching session about how they masturbate, and multiple people waking up to a student in their beds that they do not remember consenting to. I have heard of students following girls around at Guys' Bar, often very very drunk ones and trying to follow them home. We cannot maintain the reputation of our profession if people like this are allowed to run around without accountability. These are extremely serious cases, and these students are most likely around vulnerable patients in the hospital or on mental health placements with people who are statistically more likely to have been victims of sexual violence.'*
- *'I was in Guy's bar as I play in a sports team. I was groped twice by a man and during the first instance, another male friend laughed and said I hugged him first. Rather than believe women, he jumped to the defense. I reported it to the GB staff, who dealt with it well and the sports team removed him. I was told the incident would be passed onto faculty and KCLSU, and that faculty would contact me. They never did, they never reached out for support, and even after the Guy's bar staff messaged me again to ask if I had heard from them and they prompted them again. I never did.'*

Verbal threats and intimidation:

- *'I was basically sl*t shamed out of a position last year when applying for a senior role in the GKT sports club I was part of... our president at the time was completely against it and had a lot to say about it.'*

- *'Comments from men in the library/outside campus about my body how I look without even knowing them. Even when walking off or shutting them down they still stare and talk to you.'*
- *'I was sexually harassed by two members of [a] GKT [sports society]... the harassment was verbal yet incredibly vulgar.'*
- *'Male teams and spectators yell abuse and inappropriate comments with homophobic and misogynistic undertones.'*
- *'Had an OSCE patient educator make inappropriate comments about me which were sexual in nature.'*
- *'A guy who's in first year medicine has been consistently harassing girls in our year. He's in my tutor group so I can't avoid him but he is the reason I always change my tutorial dates to my friend's days.'*

Online intimidation:

- *A man sent me abuse online because I rejected his advances'*
- *'An individual has been sending misogynistic messages to women on the course, with many people uncomfortable working with him or interacting with him.'*
- *'I've heard things from some of the girls I regularly talk to. A lot of it was generally guys behaving in a weird way by being weirdos online. One guy just said things that made a lot of women just uncomfortable and me and a lot of other guys thought it was really weird. It's just one incident I've heard but there's probably a lot more cases.'*

Violence including rape jokes and threats:

- *'My friend was sexually assaulted by a GKT medic... [a senior committee member] of a GKT Sports society. There have been multiple allegations against him and nothing has been done.'*
- *'I was assaulted by a medic in the year above me. He actually was my medic dad the year previous to this happening. It was a Guys' Bar event. I consented to leaving with him and having sex but I was very VERY adamant that he wears a condom. He didn't want to but I gave an ultimatum. He agreed to wear one or so I thought. Afterwards I realised he had taken the condom off without telling me. The next day his best friend had heard what had happened and called me to ask about the situation. My assaulter then messaged me, he denied it, said he had asked and gaslighted me. Shortly after I found out he had given another girl an STD in another questionable situation. I had to get a morning after pill and get tested. I spent the next month terrified of pregnancy, of getting an STD or something that could impact my life forever like HIV. I did everything I was supposed to, and someone who was supposed to be my mentor took advantage*

of me and then assaulted me and got no repercussions from anyone around him. He's now [a senior committee member] of a GKT sport society, even with these allegations. At the time it's so hard to come to terms with what happened, and because it wasn't forceful rape it doesn't seem that bad. But it is that bad. And I knew there was no point in even trying to contact faculty. When you hear stories of women having the strength to escalate it and the faculty's only reprimand of the assaulter is to 'make sure they aren't on the same placement line'. Or hear in an intro lecture that doctors only get a 4 month GMC suspension for sexual assault. Or hear that people's well connected and influential parents have spoken to faculty and gotten them to bury allegations, it gives me and every other woman at this university no hope that our cases will be taken seriously. If anything, reporting it is more likely to negatively impact my life, because the faculty would do nothing. Everyone will find out, i might be denied opportunities if people's parents are doctors and influential and I would have to live with the fact knowing my assaulter will still become a doctor even though I tried to do what was right. It's better for me to keep my head down and study alongside my assaulter, which is ridiculous and needs to be changed.'

- *'Older male med student grabbed my waist at a society event to pressure me to go to a club afterwards and stay at his flat when I said no multiple times.'*
- *'I was coerced into partaking in sexual activity with a fellow medical student. constantly asked "can i f*** you" even after repeatedly declining. I felt extremely uncomfortable and vulnerable.'*
- *'I was sexually harassed by two members of a GKT sports society. The harassment was of a verbal nature, yet incredibly vulgar, and has had a lasting impact on how I perceive my body and sexuality. While other (male) individuals were witness to this, and some tried to distract from the situation, none reprimanded the two for what they had said to me. Having a close friend on GKT football who often speaks of charity events and anti-racism events, I assumed that misogyny too would be a focus. I was shocked to hear that this was not the case. While I have taken time to process this situation and can now somewhat forgive these individuals, viewing them as products of a male-dominated sphere, it has been hard feeling safe and happy while constantly seeing them at KCL/GKT events, and I have been disappointed that they have faced no social consequence even from my male friends on the team. I have dealt with this largely alone, and while I remain resentful and disappointed, it is clear that there is a larger systemic issue within GKT sports which has made this behaviour seem forgivable, without even an apology, and I have been shocked at how pack culture can allow this behaviour to continue. It being forgiven immediately even by my closest male friends on the team. It is hard not to feel completely disappointed by both the system and the individuals involved.'*

Stalking:

- *'In my first year of university in student accommodation, I was stalked and harassed by another medic. He would take pictures of me in the courtyard and*

send me inappropriate messages. I heard he had also been harassing other female medics, sending them inappropriate messages, so I told his friends about what he had done. He then sent a disgusting message to one of our mutual friends, saying that I was a liar, that I was going to hell, that I am a sinner and basically slut shaming me.'

- *'In first year during dissection, was asked by a student (had never met him before) multiple times if he could come to my room to "see what accommodation X was like", I told him multiple times no, and he harassed me into giving him my phone number so that I would instead send him photos of my room. He ended up following me back to my accommodation after the session, he only left once I got to the entrance/reception of my accom.'*
- *'Male member of the cohort repeatedly following someone on the course home, as well as staring and making them uncomfortable during lectures and teaching sessions.'*
- *'I was approached in the WEC by a very persistent man who asked me for my personal details. When I told him no, he proceeded to go back and forth with me for 5 - 10 minutes, leaving me deeply uncomfortable. Others watched but did not intervene. I tried to report him to the librarian, but haven't heard back. Several things he said made me think he wasn't even a KCL student. I left an hour and a half later to go to the train station. At the train station, I felt a tap on my shoulder. It was the same man - he had waited outside the library for an hour and a half and then followed me to the station. He proceeded to put me down, very loudly, in front of everyone at the station. He told me that I 'wasn't special', that he had 'plenty of other girls'. At this point, I was scared of him following me home, so I had to phone my partner and get him to pick me up from the station. This experience has left me scared to use the university facilities for fear of the same thing happening again.'*

Given dozens of students' experiences of groping, stalking, and verbal harassment, the culture of sexism is clearly deeply embedded. Beyond the clinical environment, sexual harassment is pervasive, from groping in social spaces like Guy's Bar (GB) to verbal harassment and stalking that leave women feeling unsafe even in their own university. Reports of misconduct, whether in clinical settings, social spaces, or sports teams, are consistently met with silence or inadequate action by faculty (even if perpetrators are named), leaving students without support and perpetrators without consequence. Though GB staff are reportedly mostly supportive at the time of the incidents, when complaints go to KCLSU, students often feel abandoned. This is further compounded by the fact that there is no clearly appointed lead who handles harassment/ assault cases for GKT society members. Oftentimes, students are told to approach their society wellbeing lead, another student who is simply not equipped to handle these issues. If GKT, KCL, and KCLSU continue to disregard these experiences, they are complicit in upholding a culture where misogyny remains unchecked. Many students have mentioned negative impacts on their mental health and feeling of belonging, and the refusal to hold perpetrators accountable allows this behaviour to persist; normalising a university-wide culture where women are forced to tolerate harassment, intimidation, and discrimination as part of their everyday experience.

It is impossible to properly combat misogyny without taking an intersectional approach; many factors, including but not limited to race, ethnicity, sexual orientation, religion, class, and ability, affect how an individual would experience misogyny. A theme seen in some testimonies is misogynoir - a unique form of discrimination Black women face and is defined as 'hatred of, aversion to, or prejudice against Black women' (20). Black female medical students describe additional barriers, often ignored, talked over, or even accused of 'committing fraud' when asserting their place in hospital settings, which can be attributed to racism as well as misogyny; these experiences only worsen the feeling of isolation and imposter syndrome. This is further compounded by the small number of Black female medical students at King's, and so these experiences leave them feeling as if they don't belong in a medical career. Testimonies which aren't directly quoted above (by the request of students) also mentioned the intersection of Islamophobia and misogyny, particularly male students going out of their way to intimidate and degrade Muslim students and weaponising modest clothing against them. Facing both gendered and religious prejudice naturally exacerbates the feeling of loneliness and vulnerability amongst female Muslim students. These instances also portray how sexual harassment and assault are primarily used as a form of intimidation rather than being driven by attraction. Using misogyny as a weapon objectifies and devalues women to create a hostile environment - this is a calculated attempt to push women (particularly minoritised women) from the medical field. Without looking at all the factors that can impact one's experience of misogyny, we will fail to recognise all forms of marginalisation.

Consent as a whole isn't approached well at GKT. Oftentimes, students on placement are placed in uncomfortable conditions by doctors and other healthcare professionals where the boundaries of consent are not clear. There have been countless times where a patient has given consent for a student to observe/ take part in a procedure under questionable circumstances, but students often do not feel empowered to speak on this. This issue can be summarised by a testimony submitted below:

'Considering that we receive no formal teaching on the importance of consent on placement, Consent is not mentioned nearly enough and is never really discussed in the actual hospital, leading to patients feeling ganged up on and pressured to consent to examinations. Of course, this is a systemic issue, but it starts here at university. I would really like it if the medical school had a compulsory consent workshop for all students. We all have different communication styles, and therefore different boundaries - navigating this in the clinical setting is, of course, going to be challenging without proper prior guidance, of which we do not receive enough.'

At GKT, we have organised, we have comforted, and we have cried. We now call for GKT, KCL, and KCLSU to do their part in protecting their students.

We dedicate this letter to every GKT student. Especially those who have endured any form of harassment and assault, but still turn up to study and become doctors in a system that does not value them. Let us be clear, we **did not want to** write this letter, we wanted to believe that GKT would stand by their students, but we have been proven wrong time and time again. This letter should be a starting point in correcting the poor culture at GKT, KCL, and KCLSU, and should ensure that action will be taken so that testimonies will never have to be compiled on this scale again.

We thank every person who bravely came forward and spoke out about what they have faced, and we want to reassure them that it was never their fault. It is not our shame to carry, and **we are not to blame**.

We look forward to your response.

For the purpose of this letter, male/ man refers to male-identifying individuals, and female/ woman refers to female-identifying students.

Sign the letter here: <https://forms.gle/Fx64ZkTnTcBP2uFb7>

Authored by:

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