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**This is an author accepted manuscript version of Medical education
and the critical juncture in sexual abuse of doctors by doctors**

by Ray SAMURIWO,

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Stone et al. (1) conceptualise sexual abuse as trajectory with distinct phases, i.e. prelude, assault, limbo, exposure and aftermath. The notion of a prelude to sexual abuse warrants particular examination in relation to medical education as it suggests that there is a critical juncture (2) where measures can be put in place to prevent an assault. Conceptualising the prelude phase in the sexual abuse trajectory as critical juncture in which a perpetrator develops a vocabulary of motive (3, 4) provides a useful device for examining how the actions of an individual actor, the perpetrator, give rise to the complex irreversible consequences for the victim, perpetrator, colleagues, the organisation and wider profession.

Understanding the vocabulary of motive of perpetrators and bystanders at the critical juncture of the sexual abuse trajectory is important as everything that a person does or does not do is preceded by a conscious or subconscious narrative which rationalises and informs their subsequent course of action. In other words, it is important to understand why some view an emotionally intense setting with enforced closeness and sexually charged language in the prelude to a sexual assault as a pretext for inappropriate behaviour, while others rightly perceive this to be a challenging environment in which they must treat others with dignity and respect. Analysing a person's vocabulary of motive provides a situated insight into the internal-narrative that a person develops in order to act in a specific way (4-6). It would be prudent to examine the vocabularies of motives provided by the perpetrators of sexual abuse in order to establish what, if any, measures could be put in place to remediate their thought processes and behaviour during the critical juncture of the prelude to prevent them escalating into sexual abuse.

Ideally, any exploration of vocabularies of motives in relation to sexual abuse would seek to establish what educational approaches can be enacted to counteract the development of toxic internal narratives or working environments. It would be apt for medical educators to consider how best to prepare medical students and doctors to deal appropriately with the prelude to sexual abuse and avoid it progressing into an assault. Any such efforts must examine why the perpetrators of sexual abuse in medicine often cite, in their vocabulary of motive, enforced closeness, emotionally intense experiences and sexualised language and bystanders' vocabularies of motive for enacting betrayal blindness in the wake of an assault.

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