Sexual Abuse and Assault Prevention:

Protecting Patients, Your Team, and the Organization

Optima
November 20, 2025

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Objectives

1. Recognize the range of sexual behaviors and red flag indicators that signal potential abuse risks in healthcare settings.

2. Understand the operational gaps and cultural barriers that contribute to organizational response failures.

3. Apply prevention strategies including policy development, internal investigations, and compassionate response protocols.

4. Promote a shared language and safety culture that empowers staff and protects patients across all levels of care.

TAKE
CARE OF
YOURSELF

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OUR MISSION: *"To help you **protect those in your care** from abuse and to help **preserve trust** in your organization."*

OUR VISION: *"To **transform** the way organizations protect those in their care; to be known as the **gold standard for prevention of abuse**."*
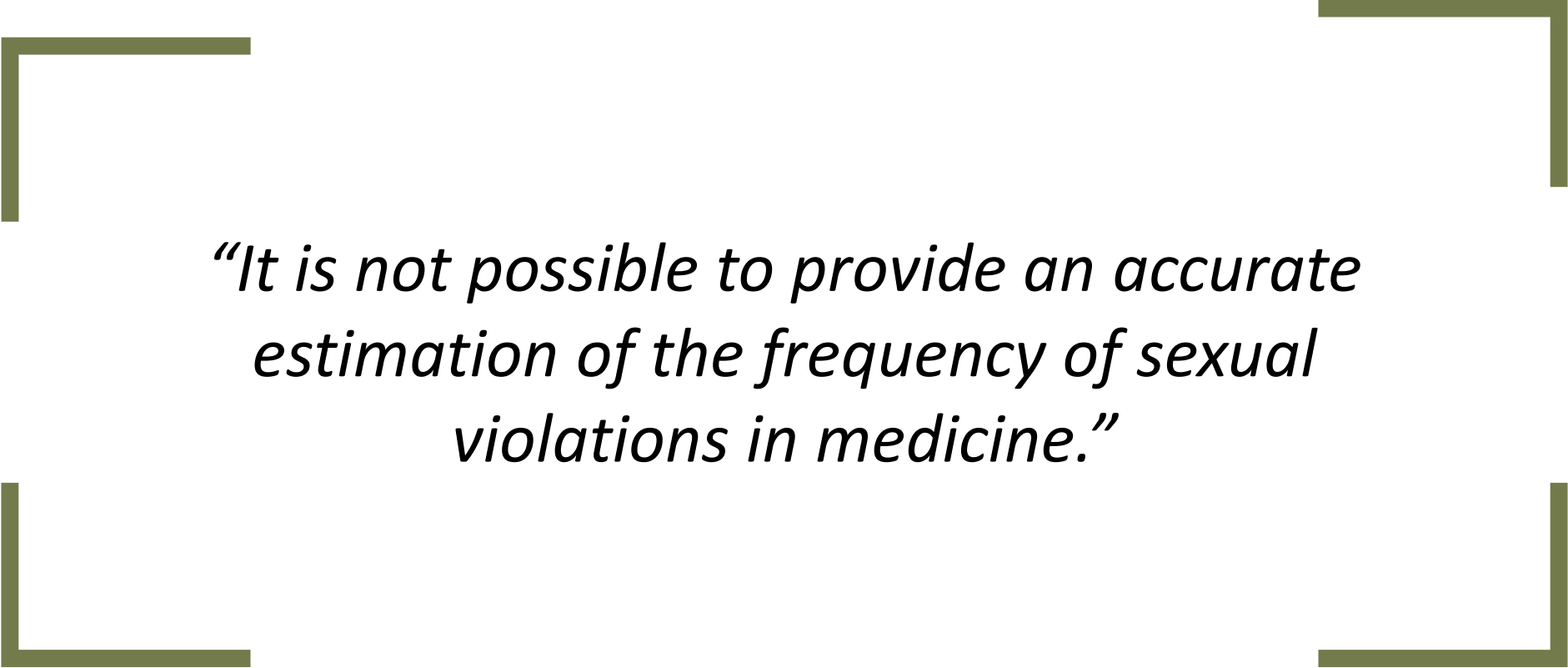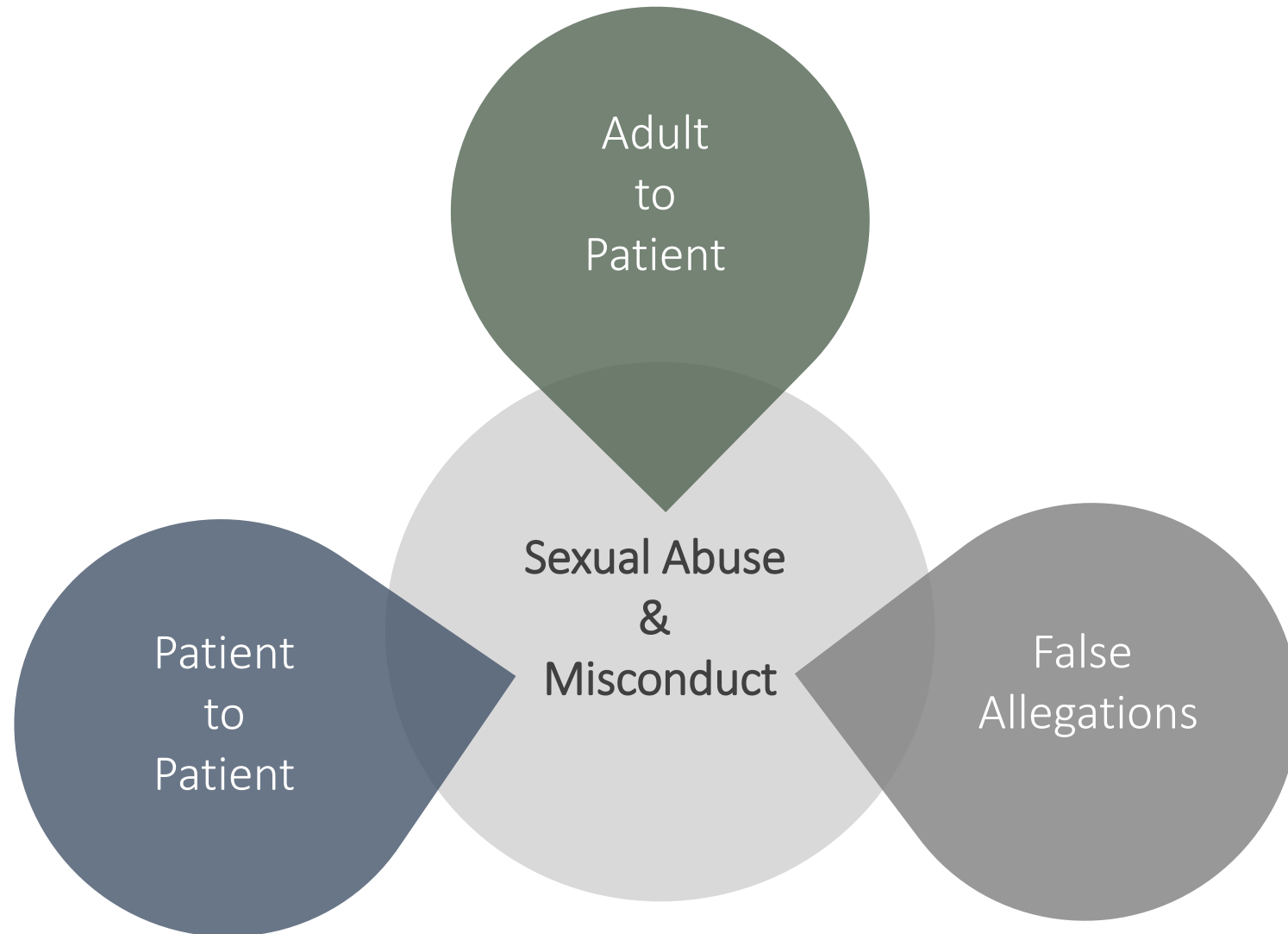
SCOPE & IMPACT

THE REALITY

"It is not possible to provide an accurate estimation of the frequency of sexual violations in medicine."

Sexual Violation of Patients by Physicians: A Mixed-Methods, Exploratory Analysis of 101 Cases (2017)

CREATING A SHARED LANGUAGE

Adult to Patient

Patient to Patient

Sexual Abuse & Misconduct

False Allegations

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NATIONAL LANDSCAPE

CLAIMS CONTINUE

- Large losses increasing in frequency and amount

INCREASED EXPECTIONS FOR ORGS

- Industry standards at an all-time high
- Hard SML market

DECREASING BARRIERS FOR SURVIVORS

- Legislation
- SOLs and reviver windows
- Sophisticated litigation

INCREASED SCRUNITY

- DOJ and AG investigation and oversight
- Court appointed monitors

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PROFESSIONAL SEXUAL MISCONDUCT (PSM)

THE COSTS OF PSM IN HEALTHCARE

- **Liability Costs**

  - 2025- **$750 Million**: Settlement for Dr. Robert Hadden

  - 2024: **$535 Million**: Verdict against Pavilion Behavioral Health System

  - 2024: **$360 Million**: Verdict against Cumberland Hospital and its former CMO

  - 2023- **$485 Million**: Verdict against Arcadia Healthcare

  - 2021- **$380 Million**: Settlement for Dr. Larry Nassar

  - 2021- **$1.1+ Billion**: Settlement for Dr. George Tyndall

  - Average Payout: **$59 Million** (between 2001-2021)
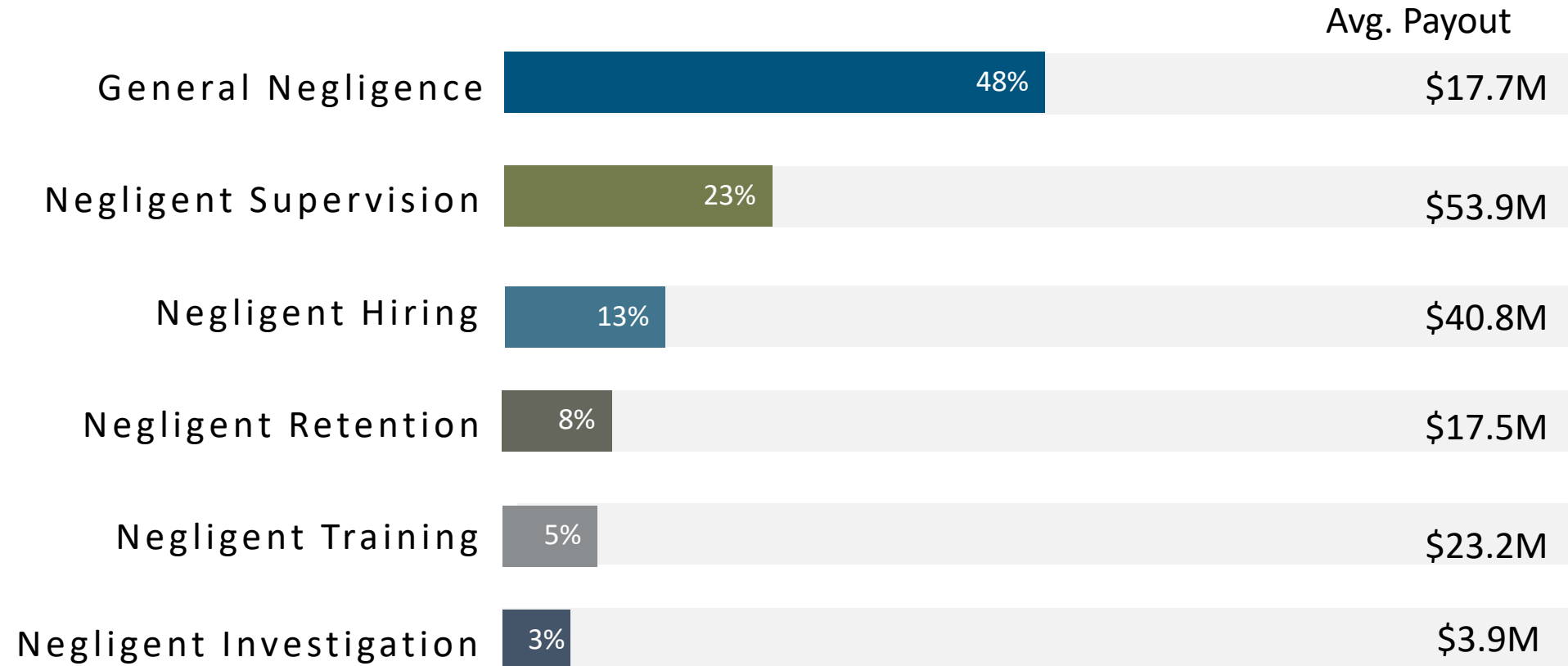
➢ Reputational Costs

➢ Patient Harm

➢ Distrust

➢ Regulatory Scrutiny

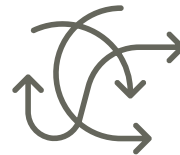➢ Reduced Morale

INSTITUTIONAL FAULTS

N = 398 cases

Avg. Payout

General Negligence	48%	$17.7M
Negligent Supervision	23%	$53.9M
Negligent Hiring	13%	$40.8M
Negligent Retention	8%	$17.5M
Negligent Training	5%	$23.2M
Negligent Investigation	3%	$3.9M

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TYPES OF OFFENDERS

PREDATORY

NAIVE

SITUATIONAL

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HOW INCIDENTS HAPPENS

Staff-to-Patient

Access

Privacy

Control
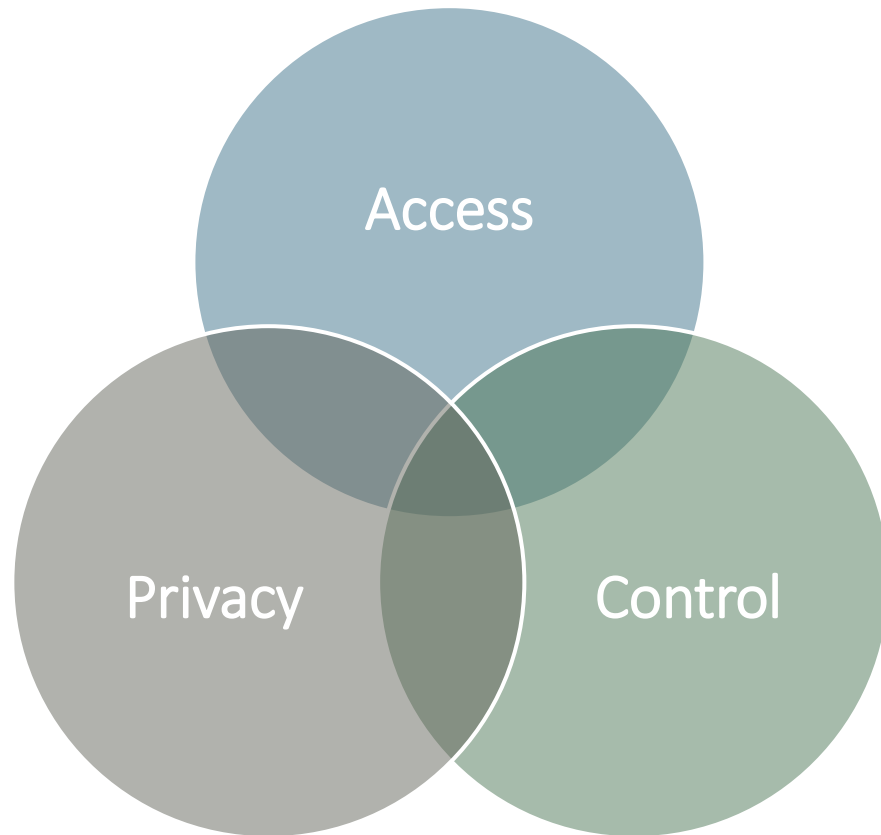
Patient-to-Patient

✓ **Lack of supervision**

✓ **Vulnerable Populations**

✓ **Shared Rooms or Communal Living**

✓ **Inadequate Reporting or Response Protocols**

✓ **Lack of response**

✓ **High-risk locations**

✓ **High-risk activities**

PREVENTION IS POSSIBLE

But it's hard!

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AT A HIGH LEVEL

VIOLATION OF PROFESSIONAL BOUNDARIES

SEXUAL BEHAVIOR OR HARASSMENT

EXPLOITATION OF POWER AND TRUST

Challenges

- Data is only a snapshot in time

- Low frequency, high impact

- Assume everyone understands and utilizes the highest professional ethics and boundaries with patients

- High stress, burnout, difficult patients

- Assume exposures limited to professions with sensitive exams

- Over rely on chaperone/assistant procedures in physical interactions

- Over rely on peer review and/or termination when concerns arise

- Complacency and compliance

- Reporting barriers exist

HIGH-RISK ENVIRONMENTS FOR BOUNDARY VIOLATIONS

- Emergency Departments

- Behavioral Health

- Pediatrics

- OB/GYN

- Urology

- Dermatology

- Diagnostic Testing

- Sedation and Procedural Rooms

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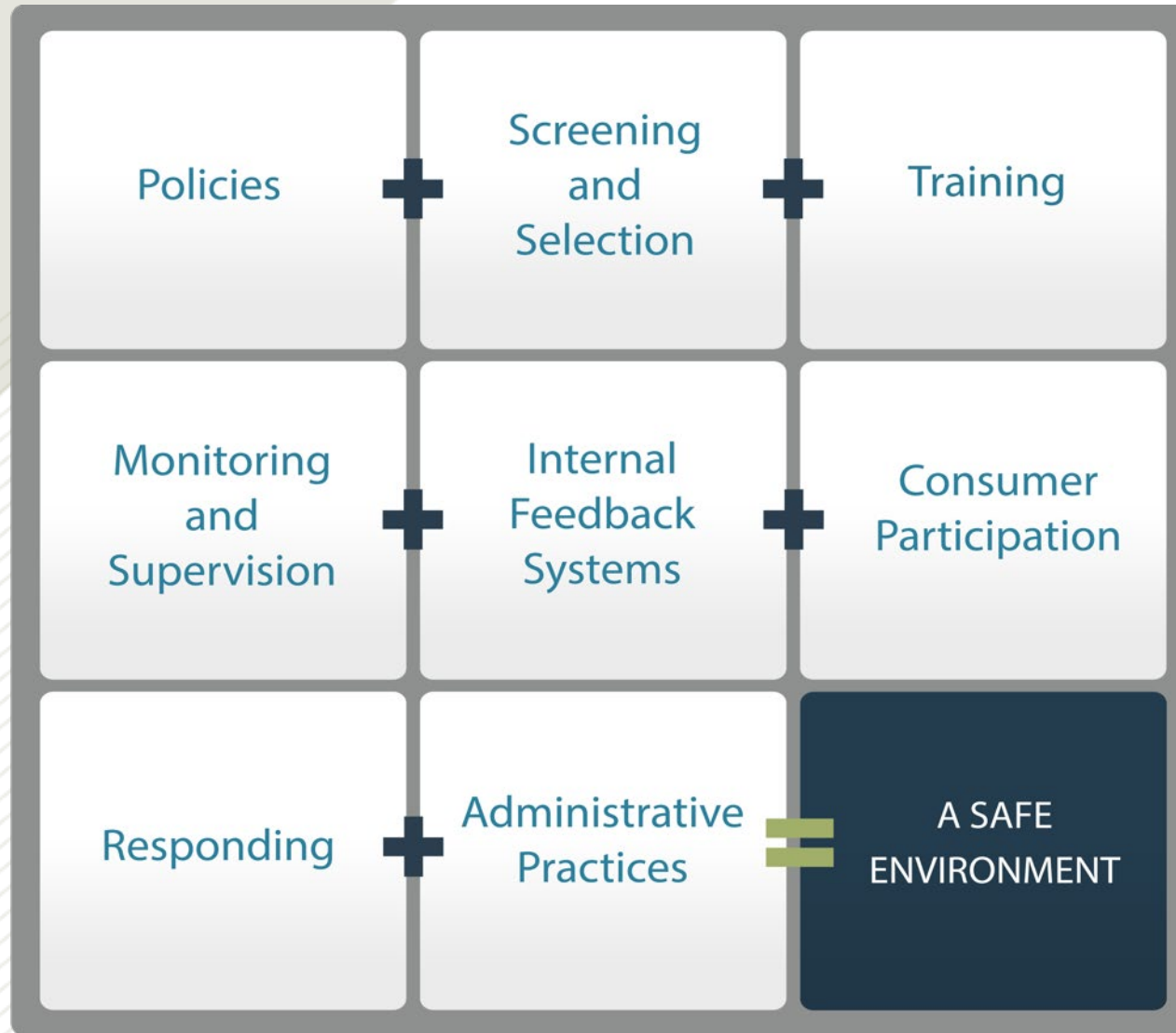
Policies

Clearly define appropriate and inappropriate interactions between all healthcare employees and their patients

Clear responding and reporting channels for inappropriate behaviors, policy violations, and suspected abuse

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POLICIES AND BOUNDARIES

- ✓ Zero tolerance for abuse
- ✓ Physical affection and interactions
- ✓ Verbal interactions
- ✓ Chaperone Policy
- ✓ Electronic communications and social media
- ✓ Gift giving and receiving
- ✓ Patient Safety and Supervision Policy
- ✓ Patient Bill of Rights: Dignity and Safety
- ✓ Behavior management
- ✓ Transportation

Screening

A standard application including questions related to previous experiences including all patient care and clinical training sites

Authorization to contact the applicant's training programs (for applicants that are newly licensed or credentialed), previous employers, state licensing boards, or medical specialty certification boards

Reference checks with former supervisors as well as at least one personal reference using standard questions that assess for risk of abuse

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SCREENING FOR ABUSE RISK

- Applications

- References

- Interviews, including behavioral interview techniques to assess character and professionalism

- Background screening

- Credentialing

APPLICATION RED FLAGS

- Gaps in Employment History

- Missing References

- Vague Job Descriptions

- Discrepancies in Credentials

- Licensure Issues

- Legal or Regulatory Concerns

- Frequent Job Changes

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Training

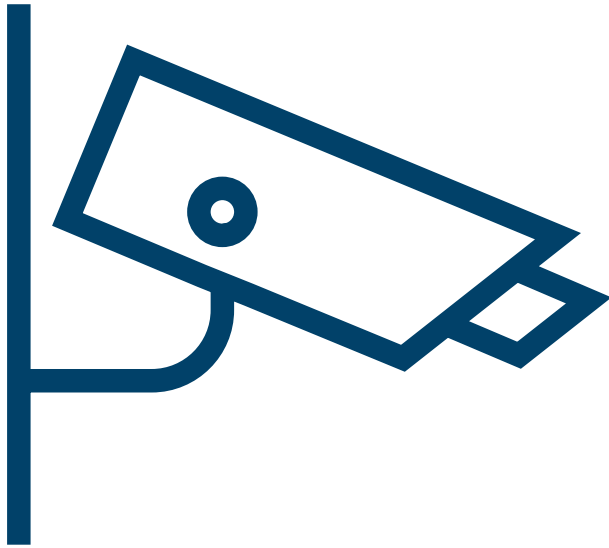Professional boundaries with peers and patients

How to report disruptive behaviors, boundary violations, policy violations, and other low-level concerns

How to report suspicions of sexual misconduct or abuse

Specialized training for leaders, hiring decision makers, investigators, etc.

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Monitoring & Supervision

Staff support and accountability

- Check in to minimize reporting barriers

- Evaluate compliance with policies

Monitor high-risk activities

- Sensitive exams

- Offsite

- Sedation

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OPT-IN V. OPT-OUT

OPT-IN	OPT-OUT
Patient must request	*Chaperone offered by default*
Lower resource demand	*More protective, normalized*
Risk of missed offers	*Requires stronger operational structure*

Internal Feedback Systems

Clear channels for reporting concerns

Minimize barriers

Collect and analyze data to identify trends

Root cause analysis for wins and losses

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WHAT PUTS ALL HEALTH PROFESSIONALS AT RISK

- Over-identifying with a client

- Not recognizing when you have "favorites" or when there is an attraction

- Is overly protective of a client

- Not thinking you're at risk

- Stress

- Experiencing anxiety or depression

- Facing rejection or disappointment

- Coping with personal loss

- Loneliness

- Feels unappreciated and unrewarded for hard work

- Drug and excessive alcohol use

- Lack of peer and supervisor support

- Lack of supervision

- Working with vulnerable clients

- Working with clients with poor boundaries

- Working in a secluded area

- Intimate procedures and discussions

- Does not accept support

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COMMON BARRIERS
TO RESPONDING

OVERRESPONSE OR UNDERRESPONSE

FEAR OF MAKING A FALSE ALLEGATION

FEAR OF RETALIATION OR OTHER CONSEQUENCES

UNCLEAR POLICIES OR NO FORMAL MECHANISM FOR REPORTING

Creating a culture that encourages addressing low-level concerns requires identifying barriers and actively working to break them down.

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Consumer Participation

Educate patients on what they can expect

Educate patients on their rights

Educate patients on how to report concerns

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Responding

Compassion for survivors

Swift, proportionate action

Roles are clear

Centralized and consistent

Protecting the rights of all involved

External reporting requirements

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RESPONDING PROCEDURES

Procedure for responding to red-flag behaviors that do not rise to the level of suspected abuse.

Procedure for responding to patient-to-patient sexually acting out or abuse.

Procedure for responding to suspicions of abuse.

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RED FLAG BEHAVIORS

- ✓ Gives special gifts

- ✓ Engages in too much physical contact

- ✓ Bends the rules for certain patients

- ✓ Ignores policies about interacting with patients

- ✓ Seeking to spend time alone with a particular patient

- ✓ Being excessively available

- ✓ Gets involved in patients' lives

- ✓ Uses inappropriate language or jokes

- ✓ Excessive self-disclosure of personal or intimate information

- ✓ Uses social networking sites and text messages to contact patients privately or away from services

- ✓ Breaches confidentiality

- ✓ Meets with patients at non-standard times or locations
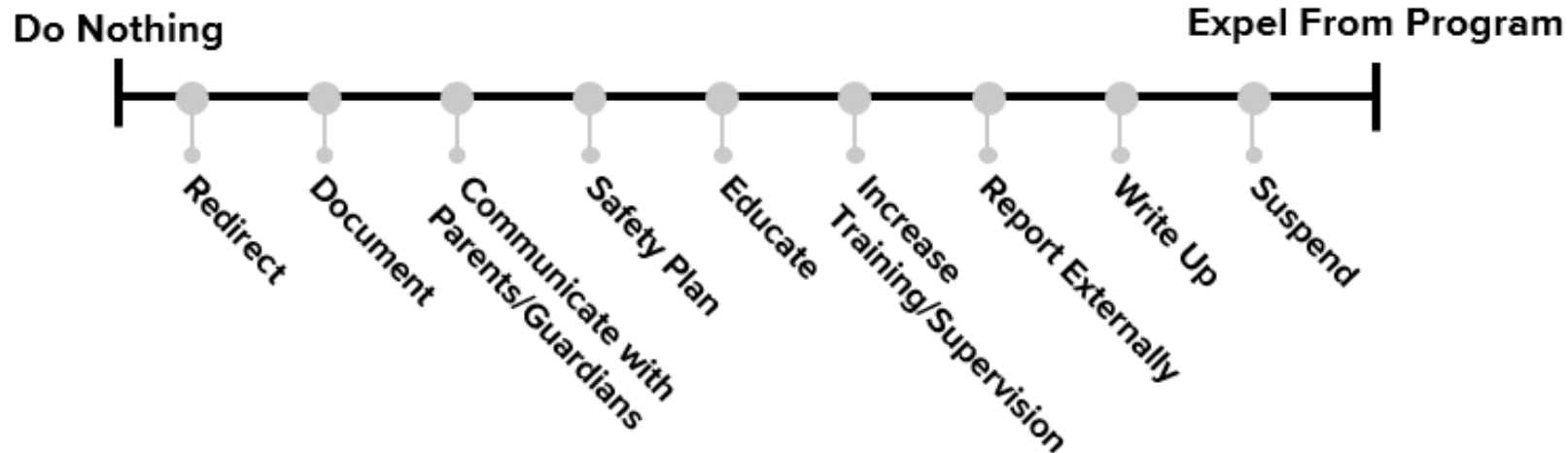
- ✓ Overidentifies with the patient

THE ESSENTIALS
RESPONDING to Red Flags

✓ Responding is <u>NOT</u> accusing

✓ Responding = Being an Advocate (*Accountability Buddy*)

✓ Reported Red Flags = Patterns of Behavior

RESPONDING

to Sexual Activity Between Patients

1. Interrupt & redirect inappropriate behaviors

2. Notify leadership and document the behaviors

3. Notify parents/guardians

4. Report to proper authorities (if necessary)

5. Educate on boundaries and behavioral expectations

6. Determine future safeguards and participation

7. Examine how the incident occurred

Do Nothing — Expel From Program

Redirect · Document · Communicate with Parents/Guardians · Safety Plan · Educate · Increase Training/Supervision · Report Externally · Write Up · Suspend

WHEN WE DON'T UNDERSTAND THE CAUSE...

We treat incidents like natural disasters

We rely on faulty assumptions:

- Bad people do bad things (staff failure)
- Ignorant people do bad things (training issue)
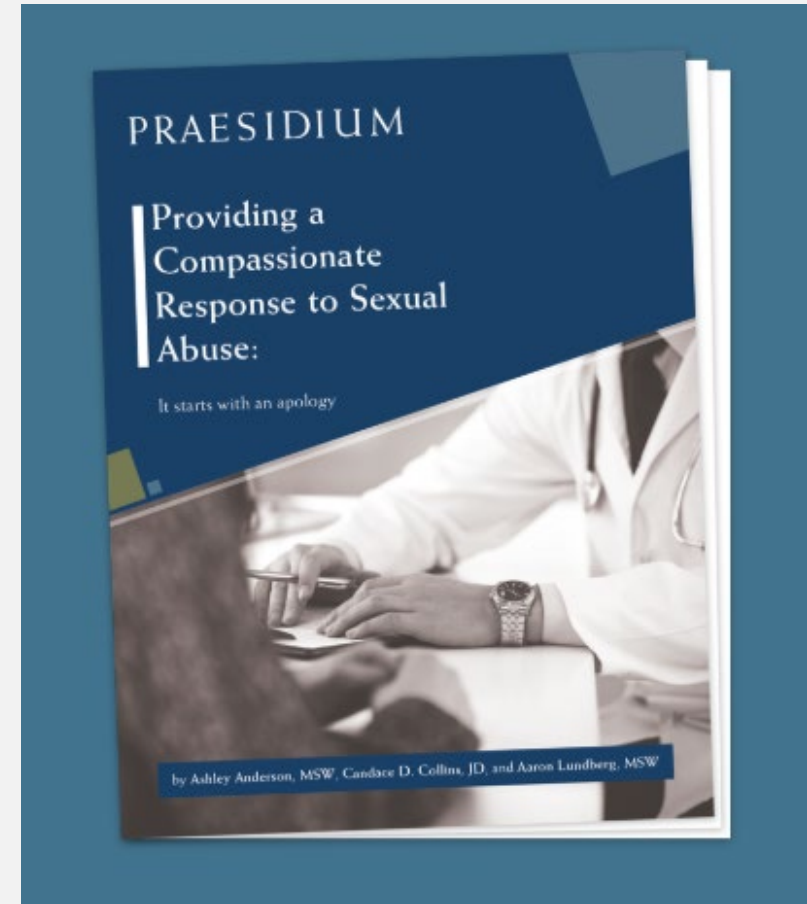
We believe in a silver bullet fix

We focus on people not processes

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THREE KEYS TO AN EFFECTIVE RESPONSE

1. Compassion
2. Transparency
3. Confidence

SCAN ME

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Providing a Compassionate Response to Sexual Abuse:

It starts with an apology

by Ashley Anderson, MSW, Candace D. Collins, JD, and Aaron Lundberg, MSW
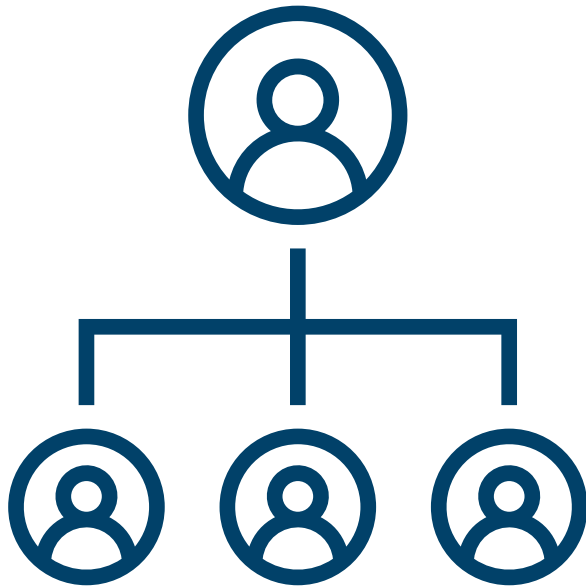
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Administrative Practices

Leadership is engaged

Quality across all locations and programs

Do not tolerate drift

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CULTURE OF SAFETY

Standards are clear

Standards are enforced

Everyone knows safety is part of their job

Everyone takes warning signs seriously

Everyone reports their concerns

Employee engagement is high

Quality is institutionalized

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LEADERSHIP ACCOUNTABILITY

Why Leadership Is Essential

Culture is a leadership output—what's ignored becomes tolerated

Passive awareness isn't enough—staff need **visible, vocal support**

Prevention isn't punitive—it's protective: of patients, of staff, and of your institutional integrity

Systems that invest in leadership-level training see:

- More consistent reporting
- Stronger staff confidence
- Fewer catastrophic failures

WHAT LEADERS DO AND SAY

Be	Be a voice from the top - call out complacency and compliance mindsets
Minimize	Minimize barriers to reporting concerns – check in, ask the question
Nurture	Nurture psychological safety – set a precedent
Take	Take concerns seriously – don't let it die on your desk
Reach out	Reach out for help– these situations are complex

Action Items

PROTECTING THE ORGANIZATION

DEVELOP AND ENFORCE COMPREHENSIVE POLICIES

TRAIN STAFF ON PROFESSIONAL BOUNDARIES

STRENGTHEN HIRING AND SCREENING PRACTICES

MONITOR AND AUDIT COMPLIANCE

PROMOTE A CULTURE OF SAFE REPORTING

FOSTER ORGANIZATIONAL ACCOUNTABILITY

OPPORTUNITIES
TO STRENTHEN OPERATIONS

Ensure leadership understands and is committed to a culture of safety

Discuss and build better professional boundaries

Integrate a comprehensive approach to chaperones

Create robust patient education and feedback loops

Strengthen supervision and support of your team and higher risk patient interactions

Standardize response procedures and minimize reporting barriers

THANK YOU!

QUESTIONS

PREVENTING ABUSE
FOR MORE THAN 30 YEARS

Our mission is to prevent the sexual abuse of children and vulnerable adults and to preserve trust in respected organizations.

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PRAESIDIUM WHITEPAPERS

PREVENTION BLOGS

TIP OF THE MONTH

JOIN AN EVENT

Scan to Download a Copy

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