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Empowering Voices Against Sexual Abuse and Misconduct: Building a Culture of Safety

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Objectives

- Understand the critical role of leadership in fostering a culture of safety within healthcare settings.
- Identify effective strategies to encourage healthcare staff to speak up and report sexual abuse and misconduct.
- Develop actionable steps for risk and safety teams to implement and sustain initiatives that protect patients from harm.

Defining the Terms

Term	Definition for This Presentation
Sexual Misconduct	Any sexual behavior by a healthcare professional that is unwanted, non-consensual, or exploits the professional relationship, including verbal, visual, or physical acts.
Sexual Abuse	Physical acts of a sexual nature without consent, including during examinations, procedures, or care encounters.
Boundary Violation	When a provider crosses the line from a professional therapeutic relationship into personal or sexual territory.
Speak-Up Culture	An organizational environment in which any team member feels safe and supported to raise safety concerns without fear of retaliation.

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Focus for Risk and Safety Teams

- Sexual misconduct is a top-tier patient safety, liability, and reputational risk
- Healthcare organizations can be held liable for negligent hiring, supervision, and retention
- Financial Reality: Recent settlements: $71.5M (Columbia/NewYork-Presbyterian) | $1.1B (USC).
- 30 states have enacted revival or window laws allowing victims to revive previously barred claims.

Evidence of the Issue

8.96%

of patients report sexual violence perpetrated by a healthcare professional (2023 Frontiers in Psychology study)

Data Point	Source
Only 5–10% of victims report sexual abuse by a healthcare provider	RAINN / National Practitioner Data Bank
85% of physicians who committed abuse examined patients without a chaperone	DuBois et al., analysis of 101 cases
83% of provider-on-patient incidents occur in outpatient settings	Public Citizen, 2020
Violent crime including sexual assault in hospitals rose 77% over two years	NBC News / IAHSS, 2023
Less than 10% of healthcare workers who experience harassment formally report it; fewer than 1% report every incident	Multiple studies; setyanlaw.com 2026

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ECRI PSO Data: Sexual Assault in Behavioral Health

Figure 1. Behavioral Health Perpetrator
% of N = 85

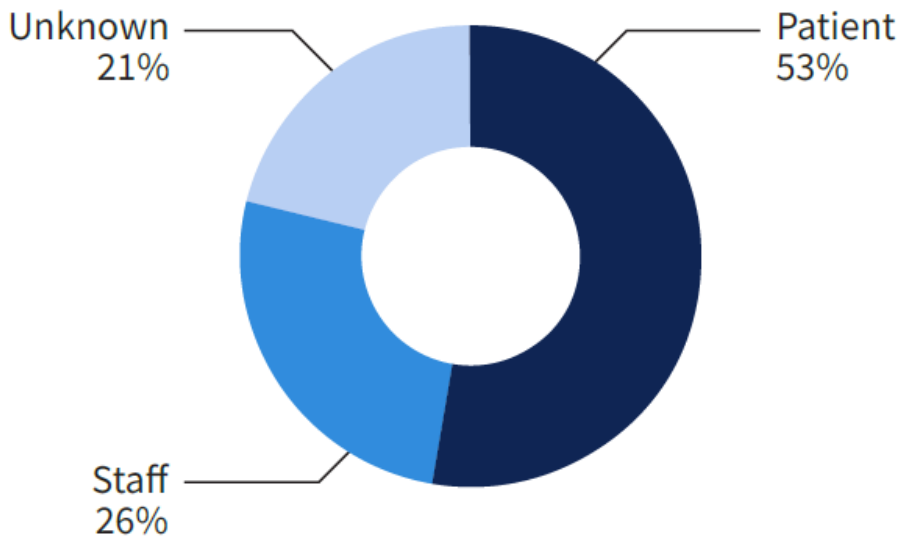
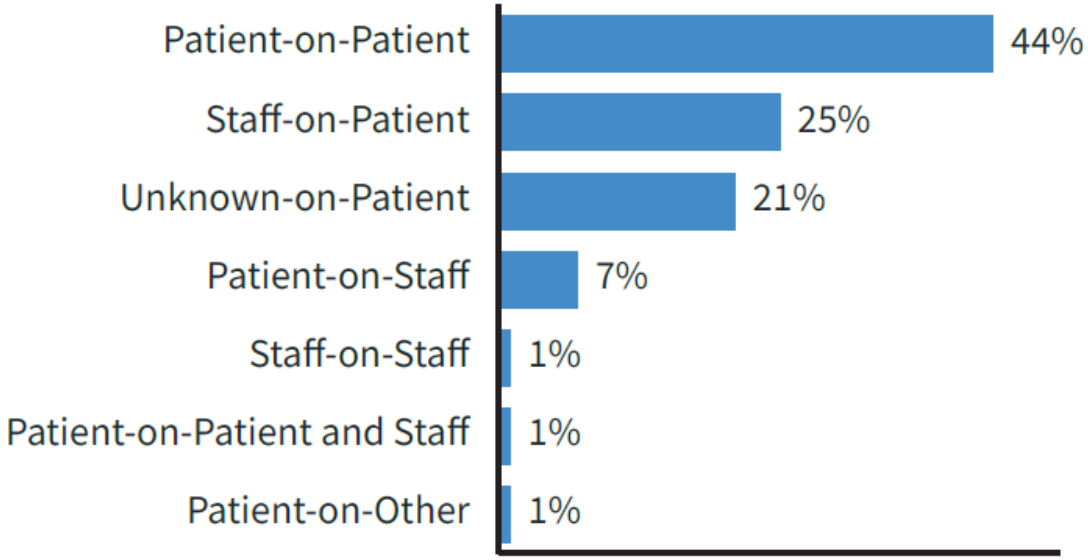


Figure 2. Behavioral Health
Perpetrator-on-Victim % of N = 85



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Who Is Most Vulnerable?

- Vulnerable patient populations face disproportionate risk of sexual misconduct:
  - Patients with cognitive disabilities or mental illness
  - Children and adolescents
  - Older adults
  - Sedated or anesthetized patients
  - Non-English speaking patients
  - Patients in inpatient behavioral health settings

- **Power Imbalance:** The provider-patient relationship inherently places patients in a position of trust and dependence, making them particularly vulnerable to exploitation — and less likely to report or be believed

It's a System Problem, Not Just a People Problem

Contributing Factors: Why This Happens

- Organizations often make the mistake of attributing misconduct solely to a 'bad apple.' The evidence points to systemic enablers:
  - Lean staffing and insufficient supervision in high-risk clinical areas
  - Indiscriminate or inadequate pre-employment screening and vetting
  - Tolerance of boundary violations as 'normal' workplace culture
  - Lack of mechanisms to detect, track, or escalate patterns of behavior
  - Hierarchical structures that protect high-status perpetrators

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Contributing Factors

These factors include the following:

1. Limited staff competency in trauma-informed care and behavioral cues
2. Insufficient patient education on interpersonal boundaries and consent
3. Lack of standardized, behavioral health-specific protocols
4. Inadequate environmental safeguards
5. Failure to integrate behavioral risk assessments into care planning
6. Absence of behavioral health-specific alerts or flags in the electronic health record (EHR)

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The Power Hierarchy and Normalization

- Healthcare operates within a rigid hierarchy: physicians at the top, nurses and support staff below.
- Behaviors that would be reported in other industries become normalized over time.
- **Research Finding:** In surgical settings, less than 10% of staff who experience sexual harassment report it formally, and fewer than 1% report every incident they encounter.
- Reasons for silence include: fear of damaging collegial relationships, fear of retaliation, belief that reporting is futile, and lack of awareness of reporting pathways.
- Approximately 50.6% of nurses report their organizations prioritize patient concerns over staff safety concerns after violent incidents.

Source: Operating Room Nursing Study, PMC 2024; setyanlaw.com, 2026

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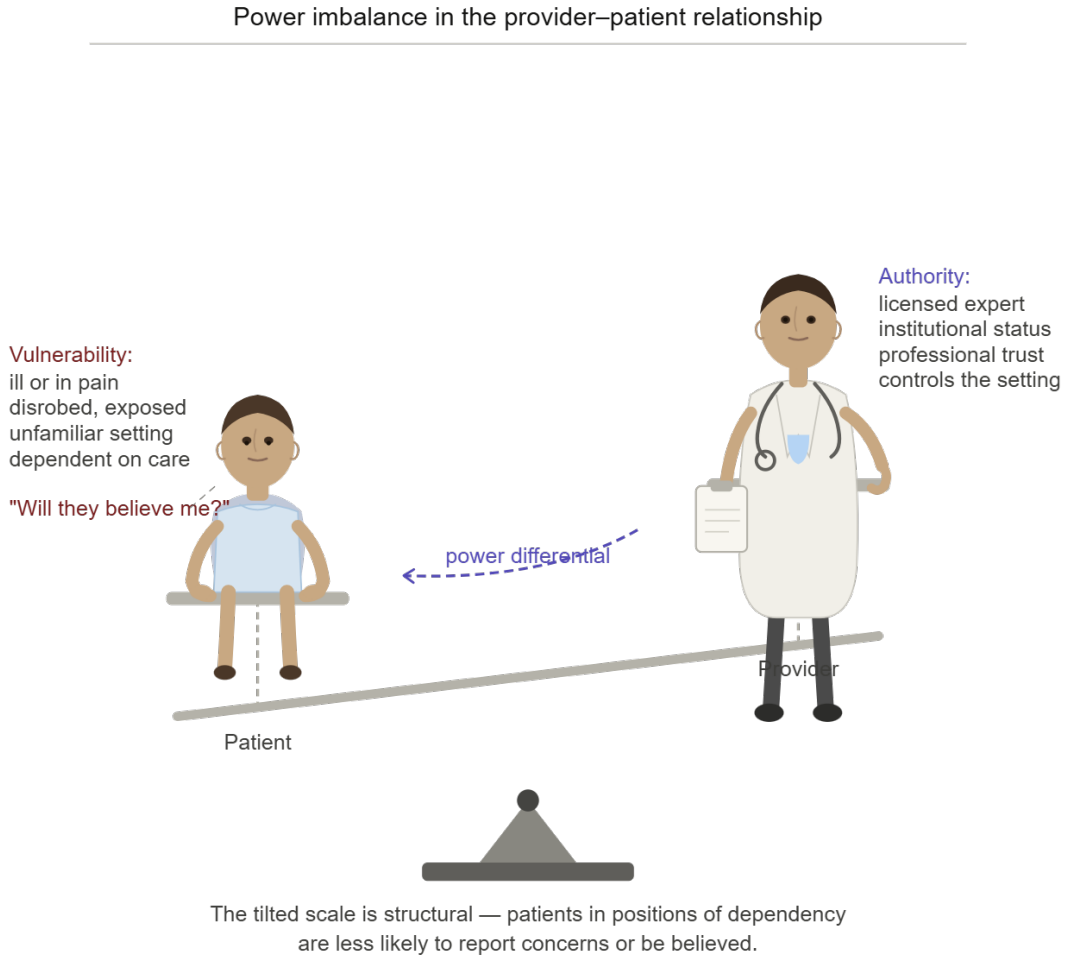
The Columbia/NYP Lesson: When Culture Silences Warning Signs

- The Columbia University / New York-Presbyterian Hospital case offers a critical compliance lesson for risk managers:
  - After a detention for sexual assault allegations, leadership allowed the provider to continue seeing patients with a chaperone — and more patients were abused during that period.
  - The root failure: concerns were not systematically documented, investigated, or escalated.
  - Warning signs never triggered meaningful intervention because no system existed to detect patterns.

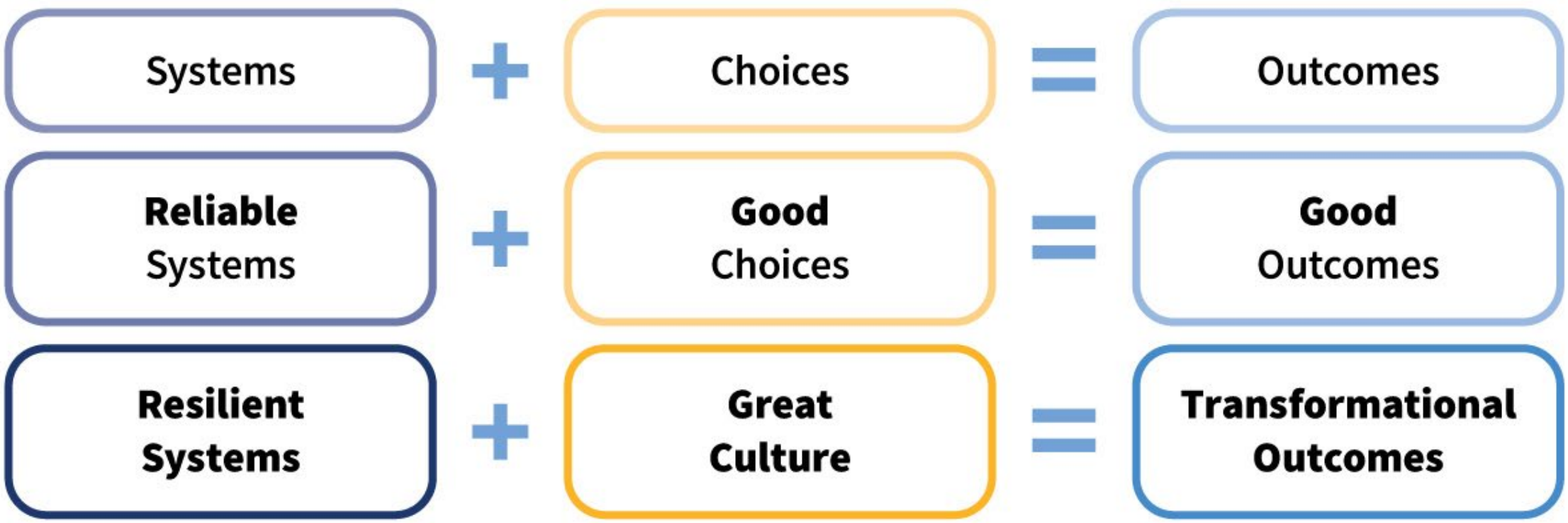
Barriers to Reporting

- Uncertainty about whether what happened was 'really' abuse
- Fear of not being believed or being blamed
- Power imbalance and dependency on the provider for care
- Shame, embarrassment, or fear of reliving the trauma
- Distrust that the organization or licensing board will act
- Lack of accessible, clearly communicated reporting mechanisms



Systems Thinking for All: Safety is Everyone's Job

Understanding Healthcare as a System Enables Continuous Improvement



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What Is a Safety Culture That Supports “Speaking Up”?

Breaking the Culture of Silence

- A functioning speak-up culture in healthcare compliance requires three elements:
- Multiple accessible reporting channels — for both patients and staff — including supervisors, compliance personnel, confidential hotlines, and anonymous options.
- Genuine psychological safety — team members at all levels believe they can report concerns without career or relational harm.
- Documented, consistent follow-through — every credible report triggers a documented review; findings are tracked and lead to action.

The Role of Bystanders

- Bystander intervention training (BIT) is among the most evidence-supported strategies for changing organizational culture around sexual misconduct.
- A 2023 study found that 87.5% of healthcare professionals who received formal BIT felt confident to intervene in a sexual assault situation, vs. 56.3% who had not.
- The five steps of bystander action: (1) Notice the event, (2) Interpret it as a problem, (3) Assume personal responsibility, (4) Decide how to intervene, (5) Act.
- Training peers and coworkers to speak up transforms bystanders from passive observers into active safety participants.

Source: Medical Journal of Southern California Clinicians, Vol. 17 No. 1, March 2025

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Effective Reporting Systems

Anyone — patients, staff, visitors, witnesses — should be able to submit a report.

Systems should include both formal channels and informal options for those not ready for formal reporting.

A real person (not voicemail) should receive the report when possible.

Policies should be written in plain language, disseminated widely, and publicly visible.

Corrective actions must be proportional, documented, and communicated back to reporters.

Systems grounded in trauma-informed principles reduce unintended harm to reporters.

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Five Elements of a Strong Reporting Program

Element	What It Looks Like in Practice
Explicit reporting expectations	Staff understand that raising concerns IS their professional responsibility — not optional.
Multiple pathways	Supervisors, compliance officers, HR, confidential hotlines, and anonymous options all available simultaneously.
Prompt, independent investigation	Every credible report triggers a documented review by someone with authority and independence.
Meaningful corrective action	Reports lead to consequences — from education and monitoring to suspension of privileges or termination.
Leadership accountability	Standards apply consistently regardless of the perpetrator's status, rank, or performance record.

Source: DSP Advocates; PMC Expert Reporting System Design Study, 2022

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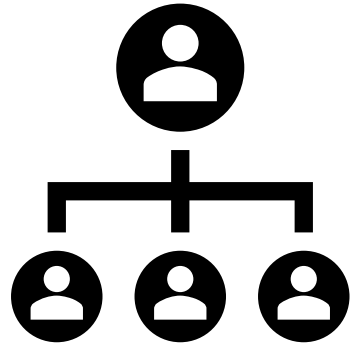
Build Leader Accountability For Culture of Safety

Leadership's Role in Building Safety Culture

- The AHRQ National Action Alliance for Patient and Workforce Safety identifies three primary drivers of high-performance safety culture:
  - Safety culture is a core value, created and sustained through purposeful actions.
  - Leaders embody, cultivate, and reinforce the safety culture.
  - Governance structures and strategic planning support safety.
- All three drivers are directly relevant to preventing and responding to sexual abuse and misconduct.



Source: National Action Alliance Change Package: Best Practices to Strengthen Safety Culture, Leadership, and Governance (AHRQ/Ripple Effect, 2025)

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Driver 1: Safety Culture as a Core Value

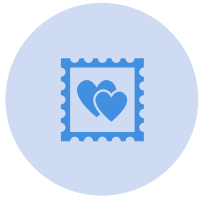
- Prioritize the psychological safety of the workforce to encourage safe care.
  - Normalize a positive response to individuals speaking up.
  - Celebrate the workforce for speaking up at the system level.
  - Use a systematic event review framework that focuses on process improvement over personal fault.
- Support robust safety event reporting and review.
  - Establish a user-friendly, non-punitive reporting system with positive reinforcement.
  - Conduct structured reviews of near-miss events — including boundary violations — before they escalate.
  - Close the loop: tell reporters what action was taken as a result of their report.

Source: National Action Alliance Change Package, Primary Driver 1, pp. 7–10

Driver 2: Leaders Embody the Culture

Key Leadership Actions

Make it acceptable for the workforce to fail and learn from failures — 'fail forward.'



Develop and model humility, emotional intelligence, and critical self-analysis.

Set and communicate expectations related to physical and psychological safety for patients and the workforce.

Proactively take accountability to identify and alleviate causes of workforce burnout — including from exposure to traumatic incidents.

Provide mechanisms (e.g., 360-degree reviews, patient safety culture surveys) for staff to give feedback on leadership behavior.

Driver 2 (cont.): Leader Rounding and Tiered Huddles

- Purposeful leader rounding is distinct from clinical rounding — it is intentional engagement with staff and patients for the purpose of safety culture-building.
  - Require and support regularly scheduled leader rounding with the workforce and patients, focused on problem-solving, safety concerns, real-time reporting, and accountability.
  - Use tiered huddles — structured daily meetings across multiple leadership levels — to ensure safety signals surface quickly from the unit level to senior leadership.
  - An escalating safety event review process ensures that information gets to the right people quickly — and that leaders are held accountable for responding.

Driver 3: Governance Structures That Commit to Safety

- High-performing organizations embed safety in their governance infrastructure — not just their policy manual.
  - Commit to sexual safety as a core organizational value — include it explicitly in mission statements and strategic plans.
  - Develop and enforce behavioral health-specific (and setting-specific) policies with a zero-tolerance statement.
  - Begin governance body meetings with the voice of the patient and review of serious safety events.
  - Employ a shared accountability model — staff have input into safety decision-making.
  - Invest in patient safety event reporting systems that streamline reporting and enable faster data analysis.
  - Centralize system-wide safety and data analytics expertise paired with unit-level 'boots on the ground.'

A Total Systems Safety Approach

Actionable Steps for Risk & Safety Teams

TSS Domain	Sexual Safety Priority
Culture, Leadership & Governance	Establish sexual safety as a core value; leadership commitment; zero-tolerance policy with enforcement.
Patient & Family Engagement	Educate patients on rights, boundaries, and how to report; provide orientation materials on admission.
Workforce Safety & Well-Being	Protect staff from patient-perpetrated harassment; provide peer support after incidents; trauma-informed care training.
Learning Health System	Use event data to identify trends; share lessons learned across units; embed EHR alerts and risk flags.

Immediate Actions (Now–30 Days)

- **Policy and Environment**
- Conduct a rapid audit: Does your organization have a specific sexual safety policy for each care setting?
- Implement a confidential, retaliation-free reporting system if one does not exist — for both patients and staff.
- Establish or reaffirm a zero-tolerance policy for sexual misconduct, with explicit definitions and consequences.

- **People**
- Identify clinical champions for sexual safety on each unit who can serve as first points of contact.
- Provide immediate orientation materials to all newly admitted patients explaining their rights and reporting options.

Sustained Actions (Ongoing)

- **Reporting and Learning**
- Embed sexual safety event reporting as a standing agenda item at unit huddles, safety committee meetings, and governance body meetings.
- Use FMEA and scenario analysis to anticipate emerging sexual safety risks — not just analyze past events.
- Conduct regular audits of reporting trends; share lessons learned across units and campuses.

- **Survivor-Centered Response**
- Deploy supportive response teams trained to handle disclosures with sensitivity and care.
- Support staff and patients affected by incidents with counseling and peer support programs.
- Implement survivor-centered care protocols: prioritize empowerment, dignity, and long-term healing.

Building a Speak-Up Culture: The Leadership-Staff Compact

Leadership Commits To:	Staff Commit To:
Providing non-punitive, confidential reporting channels	Reporting concerns, even when unsure, without waiting for certainty
Acknowledging every report with a response and next steps	Completing training and knowing the reporting pathways
Protecting reporters from retaliation	Intervening as a bystander when they witness inappropriate behavior
Applying accountability consistently regardless of rank	Bringing the voice of the patient into safety conversations
Supporting staff after they have been exposed to or reported a traumatic incident	Engaging in peer support programs and caring for colleague well-being

Key Takeaways

- Sexual abuse and misconduct in healthcare is not rare, not limited to one setting, and rarely the result of a single 'bad actor' alone.
- Organizational silence — enabled by hierarchy, fear, and inadequate systems — is the greatest driver of ongoing harm.
- A speak-up culture requires leadership commitment, not just policy development.
- Risk and safety teams hold structural power to change reporting architecture, training, governance, and accountability.
- Every patient deserves to receive care without fear of abuse — and every team member deserves to work in an environment where speaking up is safe.

Additional Resources

Resource	Description
ECRI and ISMP PSO Safety Brief: Addressing Sexual Assault in the Behavioral Health Setting	PSO event data, analysis, and systems-approach solutions.
National Action Alliance Change Package https://www.ahrq.gov/sites/default/files/wysiwyg/action-alliance/naa-change-package.pdf	Best practices for safety culture, leadership, and governance.

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Questions?