

Addressing Sexual Assault in the Behavioral Health Setting



Case Study

A male behavioral health patient pulled down the pants of a female patient. A nurse told him to go to his room. He called the nurse an offensive name and went into his room. Shortly after, he left his room. He continuously repeated, “What are you going to do if I leave my room?” He was informed that security would be called, and he would be taken to a safe and secure room. He did not comply, security was called, and he began to posture toward staff. Eventually, staff were able to calm him down and he walked himself to the safe and secure room. The female patient began crying and fainted. She recovered and explained to the nurse that she was triggered by her pants being pulled down, as it reminded her of her past sexual abuse and trauma. She explained that she was worried about seeing him on the unit as he could potentially now be a trigger for her.

A Closer Look

The ECRI and the Institute for Safe Medication Practices (ISMP) Patient Safety Organization (PSO) event data* revealed that verbal and physical sexual assault-related incidents in the behavioral health setting frequently involve patient-on-patient interactions, though staff and visitors may also be involved as either perpetrators or victims. As noted in the case study, the events are often the result of interpersonal conflicts between patients exacerbated by shared spaces.¹ Figure 1 categorizes the perpetrator into three groups. Analysis of the data suggests that patients are the most frequently identified perpetrators, with their victims often being other patients, as seen in Figure 2.

We reviewed a total of 2,653 events between January 1, 2017, and December 31, 2024, and 508 relevant events were further analyzed.** A total of 85 incidents, accounting for 16.73% of reported events, occurred in the behavioral health setting.

Figure 1. Behavioral Health Perpetrator % of N = 85

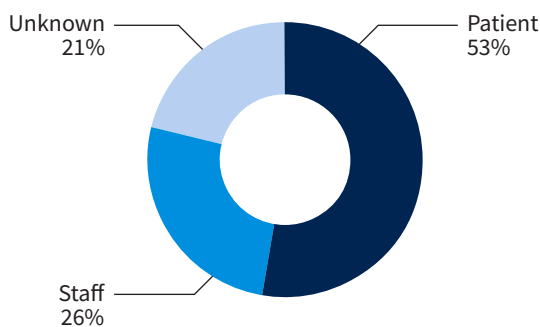
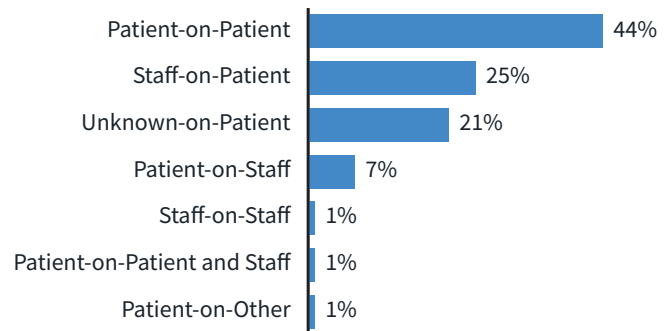


Figure 2. Behavioral Health Perpetrator-on-Victim % of N = 85



*The data are from the ECRI and the ISMP PSO database, which consists of voluntarily submitted patient safety event data. Staff report events to individual member facilities, who then submit to the PSO. The data are subject to the limitations of self-reporting, including the complexities of selecting the appropriate event type, harm level, and harm score. There may be duplicate events as a result of member facilities amending event attributes such as harm score. The volume and level of harm of events submitted is entirely reliant on the reporting culture of the member facilities. Events are submitted from a wide variety of care settings, including ambulatory surgical facilities, physician practice/clinics, and long-term care, but most events are from acute care.

** Keyword search: Sexual assault, Sexual violence, Rape, Sexual abuse, Harassment, Misconduct, Intimate partner violence, Domestic violence, Workplace harassment, Sexual Trauma.

Sexual assault in behavioral health settings is a deeply concerning issue that undermines the trust and safety essential to therapeutic care. These incidents—whether verbal or physical—can create hostile or offensive environments that significantly impact the emotional and psychological well-being of patients. Behavioral health units and facilities are particularly vulnerable due to the complex interplay of patient acuity, limited oversight, and inherent power imbalances. Reported events from the ECRI and the ISMP PSO database reveal systemic weaknesses that contribute to these occurrences. Mitigating sexual assault in behavioral health environments requires a multifaceted approach to address the identified 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)

Proposed Solutions

A systems approach is needed to protect vulnerable patients from both verbal and physical sexual assault-related incidents, which can be particularly traumatic and complex in behavioral health environments.

ECRI's SafeSystem Solutions discourages reactive, disconnected interventions by codesigning and implementing holistic, proactive, and sustainable safe system solutions that achieve better results by applying the Total Systems Safety (TSS) approach as outlined in the *National Action Plan to Advance Patient Safety*.² The four foundational areas of TSS are Culture, Leadership, and Governance; Patient and Family Engagement; Workforce Safety and Well-Being; and Learning System. Solutions should be integrated across all four categories.

- Establish sexual safety as a core organizational value with visible leadership commitment.
- Develop and enforce behavioral health-specific policies for reporting and addressing sexual misconduct, including a zero-tolerance policy.
- Implement confidential, retaliation-free systems for reporting incidents.
- Educate patients, families, and staff on sexual boundaries, consent, trauma-informed care, and patient rights using accessible formats.
- Provide orientation materials upon admission and foster environments that encourage reporting and advocacy.
- Train staff in trauma-informed care, de-escalation techniques, behavioral cue recognition, and culturally sensitive practices.
- Support staff affected by incidents with counseling and peer support.
- Conduct regular audits to identify trends, allocate resources, and share lessons learned across units.

- Use EHR alerts and behavioral risk assessments to inform individualized care plans.
- Design units with safety in mind—gender-segregated areas, strategic cohorting, enhanced supervision, secure access, panic buttons, and surveillance in high-risk zones.
- Implement chaperone policies for sensitive interactions.
- Address unconscious bias and stigma with inclusivity training to ensure equitable treatment.

Related resources:

- [Strategies for Preventing Sexual Assault, Harassment, and Misconduct in Hospital Settings](#)

References

1. Betterly H, Musselman M, Sorrentino R. Sexual assault in the inpatient psychiatric setting. *Gen Hosp Psychiatry*. 2023;82:7-13. doi:10.1016/j.genhosppsy.2023.02.006
2. National Action Plan to Advance Patient Safety. Institute for Healthcare Improvement. Accessed May 12, 2025. <https://www.ihl.org/national-action-plan-advance-patient-safety>