ECRI | The Most Trusted Voice in Healthcare

Preventing Sexual Abuse and Misconduct: Using Chaperones During Sensitive Exams

Laura Stone, Consultant, ECRI

Learning Objectives

1. Understand the role of medical chaperones in reducing sexual abuse and misconduct.
2. Know what is needed in a comprehensive chaperone policy and procedure.
3. Evaluate areas where implicit bias can influence medical chaperone policies.

ECRI

Understand the Role of Medical Chaperones in Reducing Sexual Abuse and Misconduct

Learning Objective 1

ECRI

Defining Sexual Misconduct and Abuse

Sexual Misconduct

- "Behavior that exploits the physician-patient relationship in a sexual way" (Federation of State Medical Boards)
- More explicitly considers power imbalance and consent
- Behaviors can vary in severity from "grooming" behaviors to verbal and physical behaviors
- Umbrella term that can include sexual harassment and sexual assault (among others)

Sexual Abuse

- "When a person knowingly causes another person to engage in a sex act by threatening or placing the other person in fear, or if someone engages in a sexual act with a person who is incapable of appraising the nature of the act or unable to give consent" (National Sexual Violence Resource Center)

Sources: Federation of State Medical Boards; King's College London; National Sexual Violence Resource Center

ECRI

Sexual Misconduct and Abuse in Healthcare

- Sexual misconduct and abuse by US healthcare professionals is relatively rare, but underreported
- One study examined 280 cases of wrongdoing by physicians and found that 101 involved sexual abuse of a patient (36%)
  - Specialties included family medicine/pediatrics (39.6%), psychiatry/neurology (16.8%), internal medicine (14.9%), and obstetrics/gynecology (12.9%)
  - Estimated that only 5%-10% of victims report sexual abuse by healthcare providers
- Patients often do not know how to identify inappropriate behavior or know what to do if they experience it
- Other barriers include:
  - Power imbalance between provider and patient
  - Fear of not being believed
  - Ineffective ways to report
- Experiencing sexual abuse by a healthcare professional can cause patients to lose trust in medical providers, potentially resulting in reluctance to seek medical care later on

Source: Pimienta and Giblon; McIntosh et al.

Having Medical Chaperones Can Prevent Sexual Abuse and Misconduct

ECRI

What Is a Medical Chaperone?

- Someone who provides patients comfort, dignity, and safety during examinations or procedures in sensitive areas.
- *Depending on organizational policy*, chaperones may:
  - Be an observer
  - Help the patient understand the procedure, answer questions, or ease anxiety
  - Assist with dressing or undressing the patient or setting up medical equipment or supplies
  - Ensure continued patient consent
  - Protect the clinician if the patient becomes violent or aggressive
- Having a chaperone serve as a witness may help ensure that all interactions between the healthcare provider and the patient are conducted in a professional and appropriate manner, and may help protect patients from sexual abuse and misconduct.

Legal and Regulatory Considerations

- There are no federal requirements or standards from the major accreditation organizations (e.g., Joint Commission, DNV GL, Accreditation Association for Ambulatory Health Care) regarding chaperone use.
- Some states have issued requirements related to chaperones.
- Several professional associations have issued guidance or opinions:
  - American Academy of Pediatrics (AAP)
  - American College Health Association (ACHA)
  - American College of Physicians (ACP)
  - American College of Obstetricians and Gynecologists (ACOG)
  - American Medical Association (AMA)
  - Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)

ECRI

California's Medical Safety Chaperone Act

- Defines a medical chaperone as "a **trained employee** of a provider who assists or observes during the portion of a visit that includes a sensitive examination." (emphasis added)
- Defines a sensitive examination as "an ultrasound examination performed by a sonographer of…genitalia, breast, rectum."
- Sonographers and medical chaperones should be trained on "appropriate observational and intervention techniques, how to properly drape a patient, the importance of neutrality, and reporting procedures for any inappropriate behaviors observed or communicated by the patient."

Source: California Medical Safety Chaperone Act

California’s Medical Safety Chaperone Act

- Notice of the availability of a medical chaperone can be provided either via hard copy documentation, electronic transmission (e.g., text message or email), or verbally, with documentation in the medical record.
- If the patient does not request a medical chaperone, but the provider determines one should be present, the provider has the right to decline performing the exam.
- A medical chaperone will be present for the entirety of the ultrasound if any portion is in a sensitive area.
- The presence of the medical chaperone must be documented in the medical record.
- If a chaperone is not available at the time of the exam, the provider will coordinate with the patient to find an acceptable alternative.

Source: California Medical Safety Chaperone Act

ECRI

Who Can Serve as a Medical Chaperone?

- Best practices from professional organizations:
  - AMA recommends that "an authorized member of the health care team serve as a chaperone."
  - ACOG and ACHA recommend against using medical students and residents.
  - ACHA also recommends that the chaperone should not report to the provider or the provider's direct supervisor.
  - AAP recommends "clinical team members, including primary care clinicians (physicians, physician assistants, nurse practitioners), nurses, or medical assistants" as chaperones, and recommends against using nonclinical staff as chaperones.

Remember:
- **No federal law or accreditation requirements**
- **California's Medical Safety Chaperone Act requires "trained employee"**

Sources: AMA; ACOG; ACHA; Berhane et al.

ECRI

Can Family Members/Caregivers Act as the Chaperone?

- Generally, best practice is to not use family members or caregivers as a medical chaperone (though they can be present if the patient wishes).
- However, AAP recommends that parents/caregivers be present for children/adolescents.
  - AAP also provides recommendations for specific circumstances (e.g., children in foster care, children with a history of sexual abuse/trauma, children with intellectual and developmental disabilities, unaccompanied adolescents).

Source: Berhane et al.

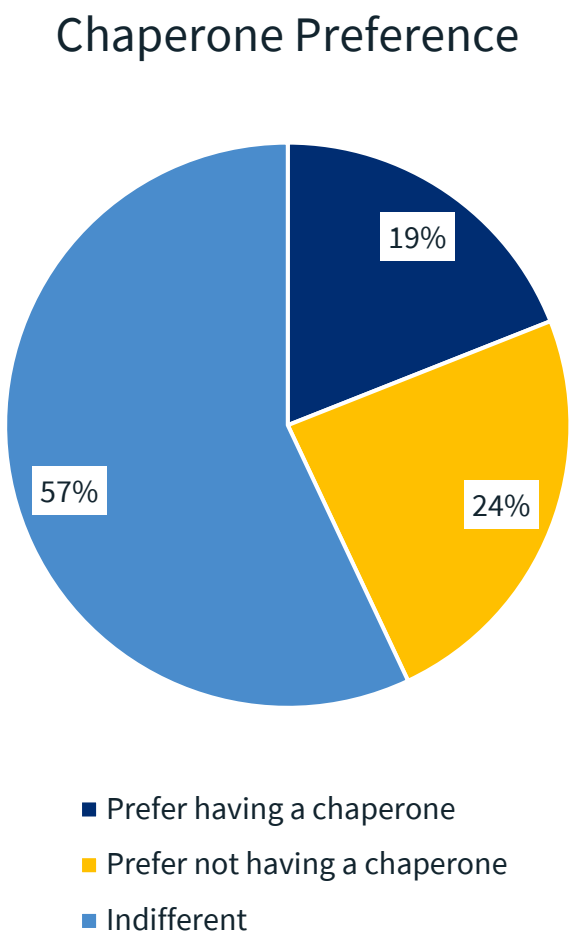
ECRI

“Sensitive” and “Near-Sensitive” Exams

- A sensitive exam is any physical examination that may involve intimate body areas of the patient:
  - Genitalia, rectum, breasts
- A “near-sensitive exam” is a physical exam that does not directly involve intimate body areas but occurs close enough to them—or in a context—that may still cause patient discomfort or vulnerability.
  - Lower stomach, upper-thigh, hip
  - Positioning that may feel exposing
- If there is *any potential* for patient discomfort, consider offering a chaperone and clearly explain each step of the exam.

Source: ACHA

Patient Attitudes Toward Chaperones



Source: Coffin et al.

- In general:
  - Women more often prefer a chaperone than men, and most women prefer a woman chaperone.
  - Adolescents prefer parents to be the chaperone; for adults, 32% wanted the chaperone to be spouse.
  - For patients who do not want a chaperone, reasons include implications that neither party can be trusted, concerns about privacy, feeling that it is more to protect the provider/organization than the patient.
  - Most people feel they should be able to decline a chaperone.
  - For patients who do want a chaperone, many do not feel comfortable asking for one if it is not offered.

Sources: Han et al.; Mitra et al.; Ko; Sinha et al.

ECRI

Provider Attitudes Toward Chaperones

- Negative connotations to the word “chaperone”
  - Imply they need to be supervised or cannot be trusted to act with integrity
- Most providers prefer that the chaperone is not related to the patient
- Documentation of chaperone use is not consistent

Sources: ACHA; Khoo et al.

Know What Is Needed in a Comprehensive Chaperone Policy and Procedure

Learning Objective 2

ECRI

Why a Chaperone Policy Matters

- Most professional organizations recommend having a formal chaperone policy.
- Without a policy, chaperone use is often inconsistent and unclear.
- A policy helps:
  - Clarify who can serve as a chaperone and when chaperones should be offered or required
  - Define roles, responsibilities, and training
  - Provide guidance for patient refusals
  - Discuss consequences of failing to document chaperone use or declination of chaperone
  - Outline requirements for reporting misconduct or noncompliance

ECRI

Clarify Who Can Serve as Chaperones and When They Should Be Present

- Ensure policy is in alignment with best practices regarding who can serve as chaperones.
- Policy should explicitly define sensitive/near-sensitive exam.
- Policy should explicitly state that the need for a chaperone is irrespective of the sex/gender of the provider and the patient.
- Include whether patients can request a specific chaperone gender and how requests will be handled, including how to proceed when a requested chaperone is not available.

Define the Role of the Chaperone

- Observe only:
  - Remain present for the entire exam or procedure
  - Monitor patient comfort, dignity, and safety
  - Serve as a neutral witness to the interaction
- Provide limited assistance:
  - Help with patient positioning, draping, or dressing/undressing
  - Set up or hand medical supplies as directed
  - Help explain the procedure or ease patient anxiety
  - Reinforce ongoing patient consent

- Chaperones should never:
  - Perform clinical tasks outside their scope
  - Be distracted (e.g., using phones, talking with other providers, charting unrelated tasks)
  - Act as a substitute for informed consent
  - Leave the room during a sensitive portion of the exam

Explain How Chaperones Will Be Proposed

- **Mandatory.** A chaperone must be present for all sensitive exams. If the patient declines, the exam will not be performed unless it is an emergency.
- **Opt-Out.** A chaperone is planned for and available for every sensitive exam or procedure but patients can decline.
- **Opt-In.** A chaperone is provided only if the patient asks for one.

ACHA recommends an opt-out policy.

ACOG "previously recommended an 'opt-in' approach regarding the presence of chaperones….Given the profoundly negative effect of sexual misconduct on patients and the medical profession and the association between misconduct and the absence of a chaperone, ACOG now believes that the routine use of chaperones is needed for the protection of patients and obstetrician–gynecologists. Therefore, it is recommended that a chaperone be present for all breast, genital, and rectal examinations."

Sources: ACHA, ACOG

ECRI

Include Requirements for Staff Training

- Chaperone training addresses:
  - Understanding the chaperone role
  - How to ensure patient comfort, dignity, and safety during sensitive exams
  - Professional boundaries and conduct
  - Recognizing and responding to concerning behavior
  - Documentation and reporting expectations
- Training should occur upon hire and regularly thereafter

- Provider training addresses:
  - When chaperones must be offered or required
  - How to introduce and explain the role of the chaperone to the patient
  - Respecting patient preferences and handling refusals
  - What kinds of questions can be asked of the patient in front of the chaperone
  - Professional boundaries and conduct
  - Documentation and reporting expectations
- Training should occur upon hire and regularly thereafter

Source: ACHA

Outline Procedures for Handling Refusals by Patients

- When a patient declines a chaperone, the policy should outline:
  - How refusals are communicated
  - Documentation requirements
  - Provider discretion
  - Alternative options
  - Exceptions

ECRI

Discuss Documentation Requirements

- Ensure the organization's chaperone policy requires that providers document the following in the patient’s medical record:
  - The date and time of the exam or procedure
  - The name of the chaperone
  - The patient's informed consent (or refusal) regarding the presence of a chaperone
  - Any actions the provider took if the patient declines a chaperone (e.g., providing patient education, rescheduling the procedure, referring the patient to another physician, proceeding with the exam without a chaperone)
  - The patient's preference regarding chaperones

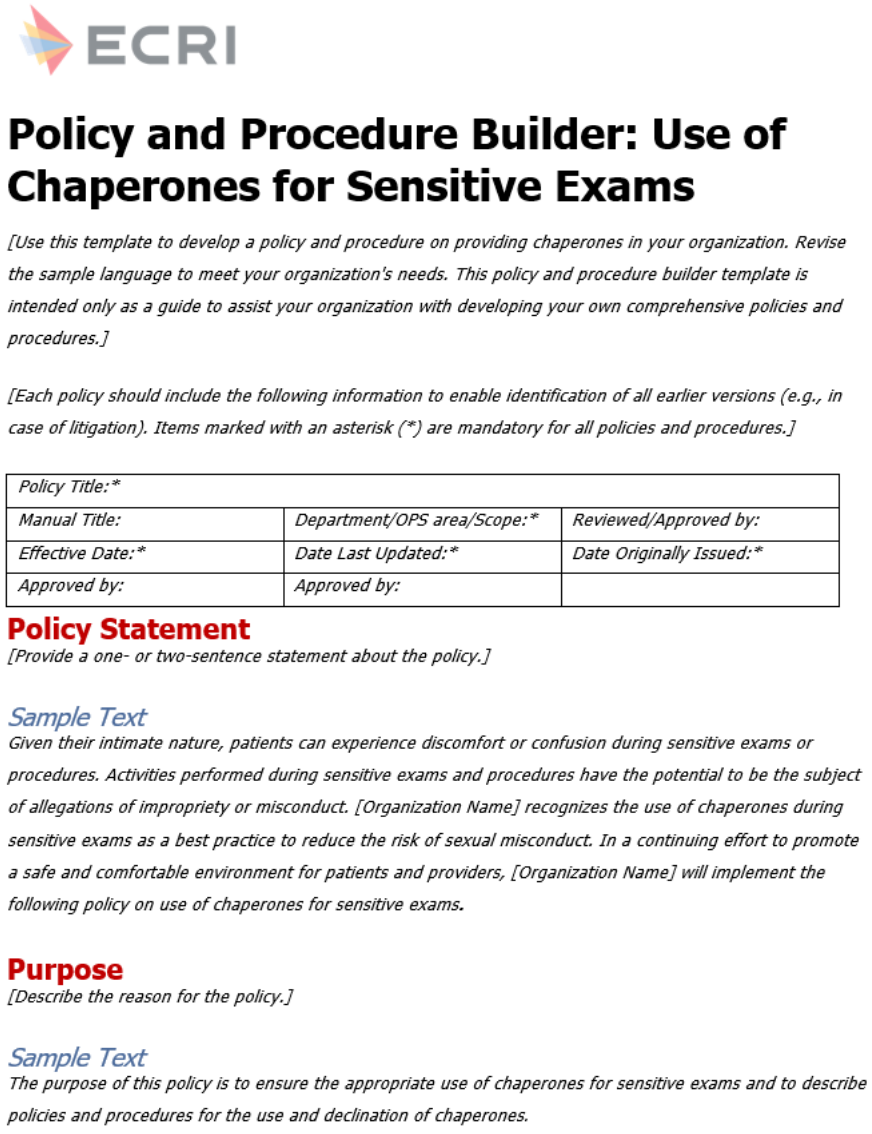
Source: Pimienta and Giblon

Have Reporting Procedures

- What must be reported
  - Suspected sexual misconduct or professional boundary violations
  - Failure to follow chaperone policy
- Who reports and how
  - Providers, chaperones, and staff know their reporting responsibilities
  - Patients and family members can also make reports
  - Clear reporting channels (e.g., compliance, risk management, HR)
- When to escalate
  - Immediate reporting requirements
  - When to notify leadership, compliance, or external authorities
- Protections for reporters
  - Non-retaliation expectations
  - Confidentiality to the extent possible

Sample Policy and Procedure

- Available at (you must log in at www.ecri.org to access): https://members.ecri.org/assets/document/policy-and-procedure-builder-use-of-chaperones-for-sensitive-exams



ECRI

Policy and Procedure Builder: Use of Chaperones for Sensitive Exams

[Use this template to develop a policy and procedure on providing chaperones in your organization. Revise the sample language to meet your organization's needs. This policy and procedure builder template is intended only as a guide to assist your organization with developing your own comprehensive policies and procedures.]

[Each policy should include the following information to enable identification of all earlier versions (e.g., in case of litigation). Items marked with an asterisk (*) are mandatory for all policies and procedures.]

*Policy Title:**		
Manual Title:	*Department/OPS area/Scope:**	*Reviewed/Approved by:*
*Effective Date:**	*Date Last Updated:**	*Date Originally Issued:**
Approved by:	*Approved by:*	

Policy Statement

[Provide a one- or two-sentence statement about the policy.]

Sample Text

Given their intimate nature, patients can experience discomfort or confusion during sensitive exams or procedures. Activities performed during sensitive exams and procedures have the potential to be the subject of allegations of impropriety or misconduct. [Organization Name] recognizes the use of chaperones during sensitive exams as a best practice to reduce the risk of sexual misconduct. In a continuing effort to promote a safe and comfortable environment for patients and providers, [Organization Name] will implement the following policy on use of chaperones for sensitive exams.

Purpose

[Describe the reason for the policy.]

Sample Text

The purpose of this policy is to ensure the appropriate use of chaperones for sensitive exams and to describe policies and procedures for the use and declination of chaperones.

ECRI

Evaluate Areas Where Implicit Bias Can Influence Medical Chaperone Policies

Learning Objective 3

ECRI

Defining Implicit Bias

- Implicit bias refers to unconscious attitudes toward and stereotypes about certain groups of people based on race, gender, religion, disability, and other factors.
- This unconscious, automatic process occurs when the mind attempts to make decisions as quickly and easily as possible.

- In healthcare settings, these unconscious biases can affect how providers perceive patients, communicate, and make clinical decisions, often without their realization.

Source: “Implicit Bias”

ECRI

Considerations

- Consistently apply chaperone policy regardless of patient/provider gender, race, age, etc.
- Recognize the role of implicit bias in patient perceptions of safety and comfort.
- Ensure implicit bias does not manifest in staff role expectations.

Scenario 1: Inconsistent Application of Policy

Dr. Reynolds, a male provider, evaluates Carter, a male patient, who presents to the office with groin pain.

Dr. Reynolds determines that a genital exam is needed. He explains the exam and proceeds after Carter undresses, conducting the exam without additional staff present.

Dr. Reynolds does not offer a chaperone, despite organizational policy saying chaperones must always be offered for sensitive exams, but patients may opt-out.

After conducting chart audits to verify chaperone use, Mary Ann, the risk manager, notices Dr. Reynolds documents using chaperones with female patients but never with male patients. When questioned, Dr. Reynolds explains, “I don’t think it’s necessary to offer my male patients a chaperone, since we are both men, and men do not need the same safeguards as women do.”

Scenario 1 Discussion

- Implicit bias can lead providers to selectively apply chaperone practices based on assumptions about a patient's gender, race, risk level, likelihood of discomfort, or other factors.
- **Practice needs to match policy.**

- When chaperones are not offered consistently, it can:
  - Undermine patient autonomy by limiting informed choice
  - Create unequal care experiences across patient populations
  - Increase risk of patient discomfort, mistrust, or perceived misconduct
  - Expose providers and organizations to legal and reputational risk

Scenario 2: “Near-Sensitive” Areas

Dr. Patel evaluates Jennine, a 68-year-old patient presenting for a musculoskeletal exam of her shoulder after a fall. Although the exam does not involve a sensitive area as defined by organizational policy, Jennine appears anxious and requests a chaperone to be present during the physical examination.

Dr. Patel acknowledges her request and asks the nurse manager, Julie, to arrange a chaperone. Julie responds that a chaperone is not available for this visit, explaining that chaperones must be reserved for “real” sensitive exams such as pelvic, breast, or genital exams.

Jennine reluctantly agrees to continue the exam, though she shows clear signs of discomfort. Dr. Patel is also uncomfortable, and angry that Julie and her organization decide which patients are deserving of protection.

Scenario 2 Discussion

- Implicit bias can shape assumptions about which patient concerns are “valid” or “serious enough” to warrant accommodations.
- Bias can become embedded in the way policies are interpreted and enforced.
- Bias can influence whose comfort is prioritized.

ECRI

Scenario 3: Role Expectations

During a weekly clinical operations meeting attended by clinical leaders, risk management staff, and frontline staff representatives, the team reviews workflow issues related to chaperone assignments.

Jason, a medical assistant, raises a concern that he is frequently reassigned away from chaperone duties, despite being trained and comfortable in the role. He explains that when chaperones are requested for sensitive exams, he is often told that female staff should take over instead, regardless of the gender of the patient and patient requests.

In response, several female staff members share a different concern; they feel they are routinely expected to serve as chaperones, regardless of workload or staffing pressures.

As the discussion continues, leaders note that these patterns may not be intentional but reflect underlying assumptions about gender and caregiving roles. The group begins to recognize how these expectations contribute to uneven workload distribution, staff frustration, and inconsistent flexibility in meeting patient preferences for chaperone gender.

The meeting concludes with agreement to review chaperone assignment practices to better align with equity, staffing efficiency, and patient-centered care.

Scenario 3 Discussion

- Implicit bias can shape assumptions about “who is best suited” for certain clinical support roles, even when all staff are equally trained and competent.
- Chaperone responsibilities are often unconsciously associated with gendered caregiving roles, leading to female staff being over-assigned and male staff being underutilized or excluded.
- These patterns are rarely intentional but can become embedded in workflows, creating inequities in workload distribution and professional expectations. Over time, unequal assignment practices can contribute to staff burnout, resentment, and reduced morale, particularly when responsibilities are not shared transparently or equitably.
- Bias in role expectations can also limit flexibility in meeting patient preferences (e.g., requesting a specific chaperone gender), especially when staffing assumptions restrict who is “allowed” to perform the role.
- Addressing implicit bias in this context requires standardizing expectations, normalizing all trained staff as potential chaperones, and ensuring assignments are driven by policy, availability, and patient need rather than assumptions.

Key Takeaways

- Medical chaperones play a critical role in protecting patients from sexual misconduct and abuse during sensitive exams.
- Organizations need a comprehensive, written chaperone policy that defines who can serve, when chaperones are required, and how use and declination are handled and documented.
- Chaperones should be trained employees, not family members or students/residents.
- Be aware of implicit bias in chaperone practices—from which patients are offered chaperones to who gets assigned the role—and build equity into your policies and workflows.

References

- Berhane A, Hackell JM, Wallace S; Committee on Practice and Ambulatory Medicine; Committee on Adolescence. Use of chaperones for the pediatric and adolescent encounter: policy statement. *Pediatrics*. 2025;155(6):e2025071810.
- Best practices for sensitive exams. American College Health Association. October 2019. Accessed March 23, 2026.
- California Medical Safety Chaperone Act, A.B. 849 (Cali 2025).
- Coffin EMO, Suydam CR, O'Hara TA, Bandera B, Burgess PL. Patient and provider opinions regarding chaperones for sensitive exams. *Mil Med*. 2025;190(3-4):e580-e585.
- Han J, Noennig B, Pavlinec J, et al. Patient perceptions of chaperones during intimate examinations and procedures in urology clinic. *Urol Pract*. 2019;6(1):13-17.
- Implicit bias. American Psychological Association. Accessed April 24, 2026.
- Khoo A, Wiseman O. Comment on: doctors' attitude towards the use of chaperones for intimate examinations. *Ann R Coll Surg Engl*. 2009;91(7):626-627.
- Ko CJ. The patient case against requiring medical chaperones. *Medpage Today*. May 7, 2023. Accessed March 31, 2026.
- Let's talk: definition of terms. National Sexual Violence Resource Center. Accessed March 20, 2026.

ECRI

References (2)

- McIntosh T, Walsh H, Parsons M, Solomon ED, Mozersky J, DuBois JM. Responding to sexual abuse in health care: development of a guide for patients. *J Patient Cent Res Rev*. 2022;9(2):117-121.
- Mitra T, Koerber NK, Shah H, et al. Chaperones utilization in clinical practice: intimate and sensitive physical examination best practice strategies and concepts in modern urological medicine. *Health Psychol Res*. 2022;10(4):38954.
- Opinion 1.2.4: Use of chaperones. AMA Code of Medical Ethics. Accessed April 24, 2026.
- Physician sexual misconduct. Federation of State Medical Boards. May 2020. Accessed March 20, 2026.
- Pimienta AL, Giblon RE. The case for medical chaperones. *Fam Pract Manag*. 2018;25(5):6-8. Accessed April 24, 2026.
- Sexual misconduct. ACOG Committee Opinion No. 796. American College of Obstetricians and Gynecologists. *Obstet Gynecol*. 2020;135:e43-e50. Accessed May 22, 2024.
- Sinha S, De A, Jones N, Jones M, Williams RJ, Vaughan-Williams E. Patients' attitude towards the use of a chaperone in breast examination. *Ann R Coll Surg Engl*. 2009;91(1):46-49.
- What is sexual harassment, misconduct and assault? King's College London. Accessed March 20, 2026.

ECRI

Image Sources

- Slide 6. Adobe Stock.
- Slide 12. Adobe Stock.
- Slide 15. Adobe Stock.
- Slide 17. Adobe Stock.
- Slide 22. Image generated by Microsoft CoPilot.
- Slide 32. Adobe Stock.