Sexual Abuse and Misconduct in Healthcare Settings

Marsh Webinar Series

March 12, 2025

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National & Industry Landscape

NATIONAL LANDSCAPE

CLAIMS CONTINUE

- Large losses increasing
- Screening gaps may drive larger payouts

DECREASING BARRIERS FOR SURVIVORS

- Legislation
- SOLs and reviver windows
- Sophisticated litigation

INCREASED EXPECTIONS FOR ORGS

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

INCREASED SCRUNITY

- DOJ and AG investigation and oversight
- Court appointed monitors

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- 94 public lawsuits filed 2002-2021
- Private and public institutions, including academically-affiliated
- Average payment $59 million
- 98% male offenders (avg age 45 yrs)
- 78% female victims
- 30% involved repeated interactions and abuse
- 58% of cases healthcare facility was aware of allegations prior

Source: First Do No Harm (Praesidium 3-Part Blog)

WHY IT'S CHALLENGING TO MANAGE ABUSE RISK

- 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

DELAYED DISCLOSURE

- Delays normal
  - Average age of disclosure
  - NYCVA: 11,000 claims
  - NYASA: 3,000 claims
- Shame and embarrassment
- Confusion – not sure if it was SOC
- May have been reported, but minimized
- Power differential

WHY WON'T STAFF REPORT?

PSYCHOLOGICAL SAFETY

- Hierarchical structure
- Nurses study

BIAS

- Questionable credibility of the accuser
- Reputation of the accused
- 90/10 rule

Offenders aren't always as bad as we need them to be, and victims aren't always as good as we need them to be.

COMMON BARRIERS

TO SPEAKING UP

OVERRESPONSE OR UNDERRESPONSE

FEAR OF MAKING A FALSE ALLEGATION

FEAR OF RETALIATION OR OTHER CONSEQUENCES

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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Abuse is **PREVENTABLE**

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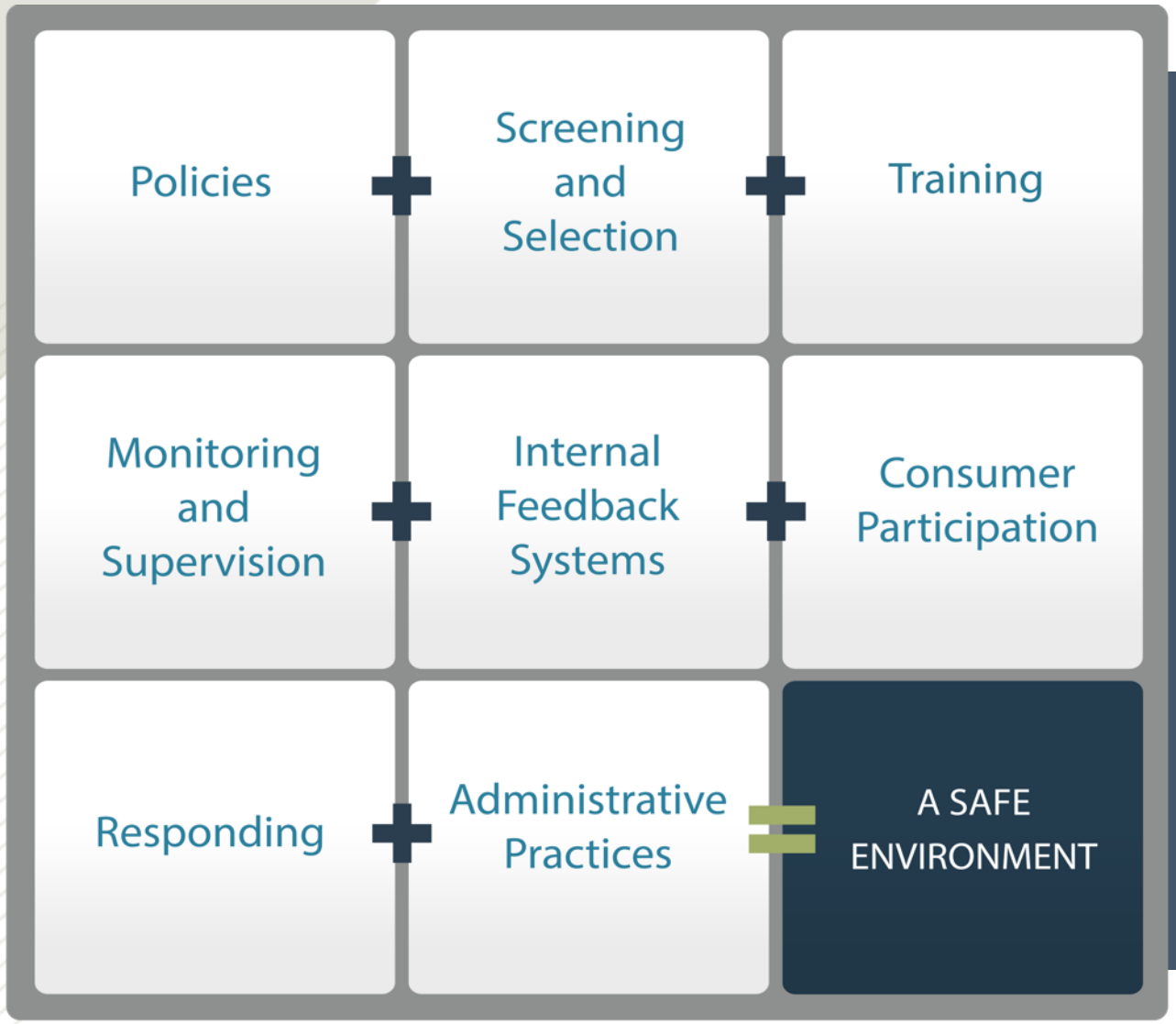

Praesidium Safety Equation®

Paradigm for Prevention

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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

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

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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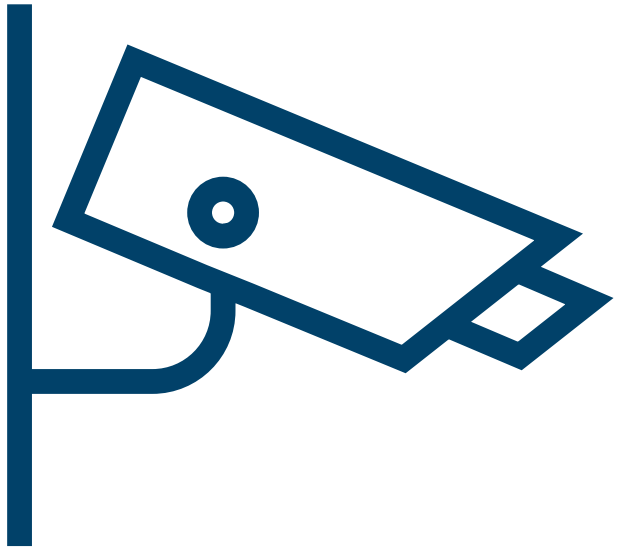

Monitoring & Supervision

Staff support and accountability

- Check in to minimize reporting barriers
- Evaluate compliance with policies

Monitor high-risk activities

- Sensitive exams
- Offsite
- Sedation

Internal Feedback Systems

Clear channels for reporting concerns

Minimize barriers

Collect and analyze data to identify trends

Root cause analysis for wins and losses

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

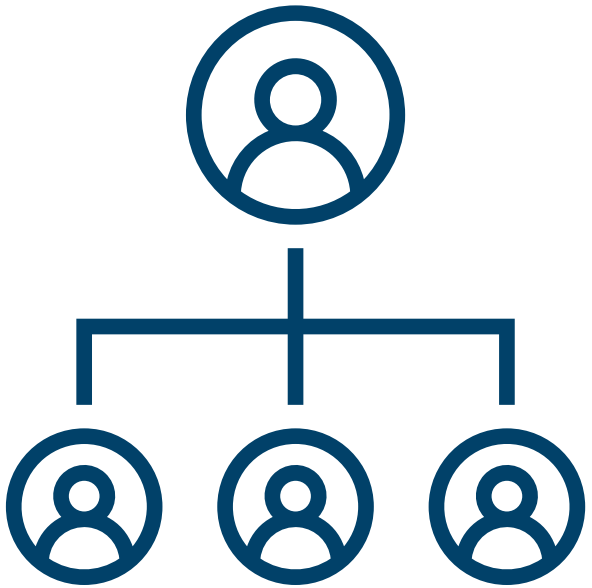
Suspend pending investigation

Roles are clear

Centralized and consistent

Protecting the rights of all involved

External reporting requirements



Administrative Practices

Leadership is engaged

Quality across all locations and programs

Do not tolerate drift

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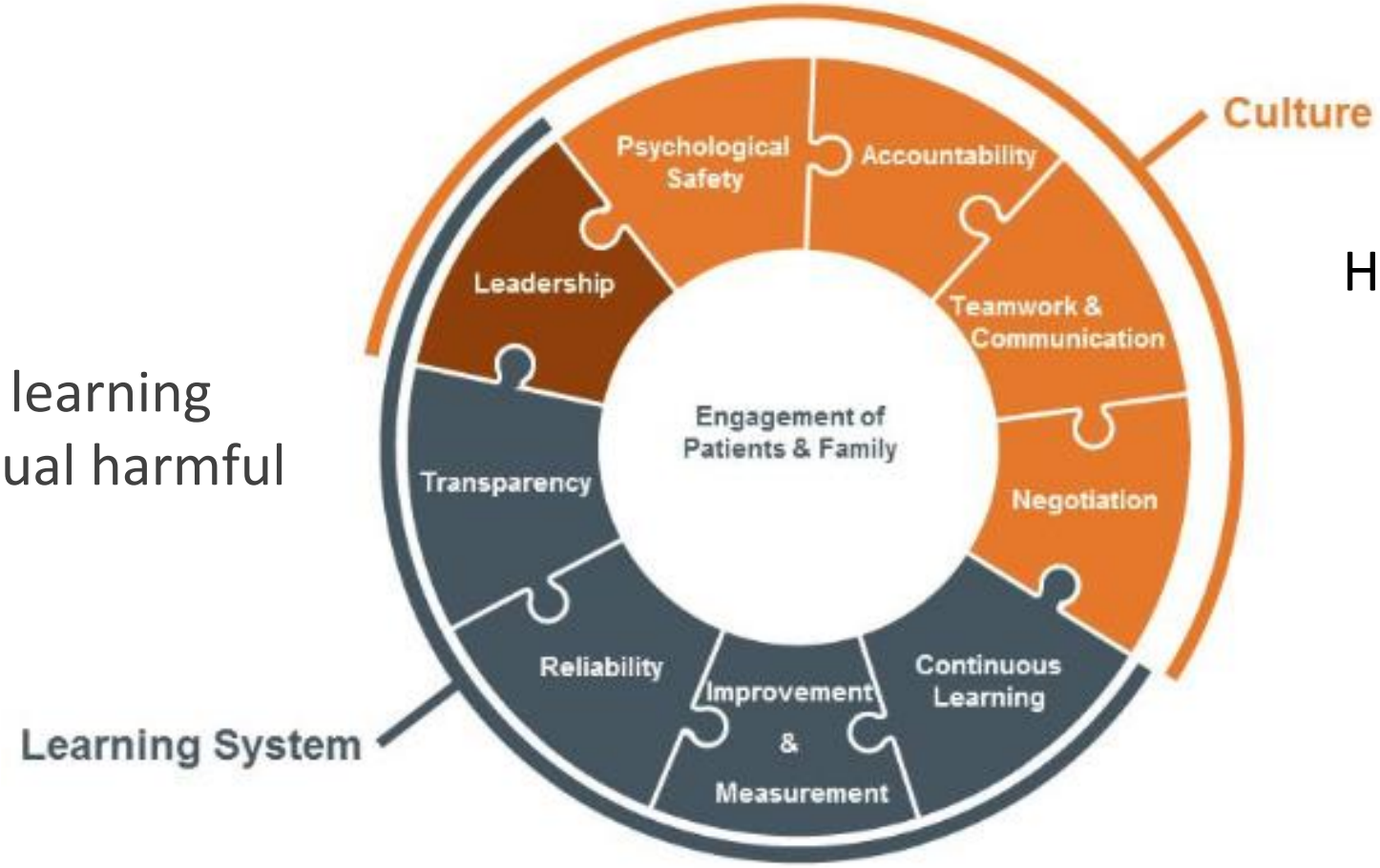
WIDENING THE LENS THROUGH FAMILIAR PATIENT SAFETY FRAMEWORKS

How are we learning from individual harmful **behaviors**?



How are our **culture and systems** allowing behaviors to create patient harm?

Frankel A, Haraden C, Federico F, Lenoci-Edwards J. A Framework for Safe, Reliable, and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017 *(available at www.ihi.org).*

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CREATING A 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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WHY LEADERSHIP MATTERS

Ignorance

- ✓ Denies an abuse could happen
- ✓ “We know everyone”
- ✓ Hopes past success will prevent future abuse
- ✓ Few standardized procedures

Pride

- ✓ Uses regulatory requirements as standards of care
- ✓ Focus on reacting to abuse rather than preventing it
- ✓ Still struggles with reporting
- ✓ Minimizes red-flag behaviors

Humble

- ✓ Board and leadership involvement
- ✓ Yesterday's success does not guarantee tomorrow’s
- ✓ Errs on the side of danger
- ✓ Seeks external confirmation & assistance

THANK YOU!

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