



# Creating safe spaces: Addressing sexual assault in healthcare

Prevention | Mitigation | Organizational | Response

2026

# Objectives

Identify clear steps that ensure for a thorough and credible investigation if an allegation of abuse is made against staff or providers by a patient or a family member.  
(Patient safety)

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Describe the legal reasons to report inappropriate interaction, abuse, and neglect by staff members.  
(Legal and regulatory)

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Break down insurance implications and policy language considerations.  
(Risk financing)



# Introduction

- References made to “direct care team” will refer to any member of the care team including associates, colleagues, caregivers, staff, physicians, or providers in general health care settings.
- When service lines, facilities or sites are noted during this discussion references will include hospitals, facilities, health systems, physician practices and ambulatory settings.





# Just an ordinary day

- It is a Monday morning and Jane, a long-standing member of the care team, is on shift today.
- On what started out as an ordinary busy workday, Jane is notified by a supervisor that law enforcement is waiting in the lobby to speak with her about one of the patients she recently worked with.
- What is later learned is that the patient has alleged that they were sexually abused during a treatment encounter with Jane.

Current state: How big is the problem?

# Physician sexual abuse and molestation (SAM) claim activity

## **\$1.1B (Settlement)**

Dr. Tyndall, Gynecologist University of Southern CA, CA

**17K+ claimants**

**RY: 2018 CY: 2020**

## **\$500M (Settlement)**

**(+ \$380M by USA Gymnastics)**

Dr. Nassar, Sports Medicine Michigan State University, MI

**300+ claimants**

**RY: 2016 CY: 2018**

## **\$750M (Settlement)**

**(+ \$236M by other employers)**

Dr. Hadden, OB/GYN Columbia University Irving Medical Center, NYP Hospital, NY

**576 claimants**

**RY: 2013 CY: 2025**

## **\$700M (Settlement)**

Dr. Heaps, Gynecologist/Oncologist University of California, CA

**5,000+ claimants**

**RY: 2018 CY: 2022**

## **\$535M (Verdict)**

**Reduced to \$180M**

Patient, Behavioral The Pavillion Behavioral Health Center, IL

**One patient**

**RY: 2020 CY: Open**

## **\$490M (Settlement)**

Dr. Anderson, Sports Medicine University of Michigan, MI

**1,050 claimants**

**RY: 2018 CY: 2022**

## **\$453M (Settlement)**

Dr. Ortega, OB/GYN Northshore University Hospital, IL

**100+ patients**

**RY: 2019 CY: Open**

## **\$400M (Verdict)**

**\$200M Settlement**

Foster Parent, Behavioral/Foster Home Acadia Healthcare, Desert Hills, NM

**3+ claimants**

**RY: 2019 CY: 2023**

## **\$300M (Verdict)**

Dr. Davidow, Pediatrician Cumberland Hospital, VA

**46 patients**

**RY: 2019 CY: Open**

## **\$190M (Settlement)**

Dr. Levy, Gynecologist Johns Hopkins, MD

**8000+ claimants**

**RY: 2013 CY: 2018**

## **\$123M (Settlement)**

Dr. Bradley, Pediatrician Beebe Medical Center, DE

**900+ claimants**

**RY: 2010 CY: 2025**

# Physicians sexual abuse and molestation (SAM) pending activity

## **Dr. Cruciani, Neurology**

Mt. Sinai Beth Israel, Capital Health and Drexel University, NJ, NY, PA

**12+ claimants**

**RY: 2017**

## **Dr. Farley, Family Practice**

Providence St. Joseph Health, OR

**100+ claimants**

**RY: 2020**

## **Nurse Lambros, ICU**

St. Mary's Medical Center Grand Junction, CO

**13+ claimants**

**RY: 2022**

## **Dr. Paduch, Urology**

New York-Presbyterian Hospital, NY

**300+ claimants**

**RY: 2022**

## **Dr. Broadbent, OB/GYN**

Utah Valley Hospital, Timpanogos, UT

**200 Claimants**

**RY: 2022**

## **Dr. Todd, Rheumatology**

Brigham & Women's, MA

**200 claimants**

**RY: 2023**

## **Dr. Cheng Gastroenterology**

New York-Presbyterian Queens, NY

**Six claimants**

**RY: 2023**

## **Dr. Paduch, Urology**

Northwell Health, Inc. Long Island, NY

**100+ claimants**

**RY: 2023**

## **Dr. Fischer, Pediatric**

**Endocrinology** Kaiser Foundation Health Plan, Inc.

**Numerous claimants**

**RY: 2023**

## **Dr. Barry Brock, OB GYN**

Cedars Sinai, Beverly Hills, CA

**160 claimants as of April 2025**

**RY: 2023**

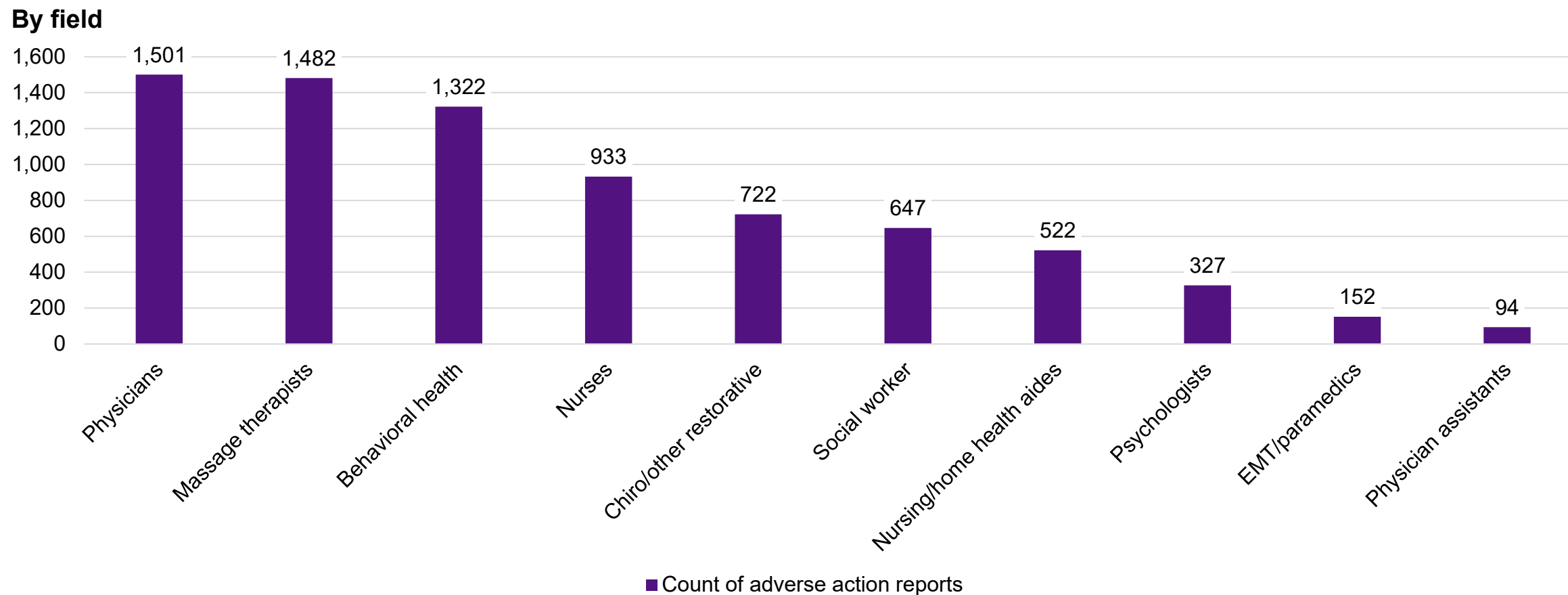
# Sexual assault and molestation — claims activity

Conduct issue becomes a systemic failure narrative?

Hospital/health system	Physician	Specialty	State	# Claimants	Settlement year	Settlement amount
St. Francis Hospital & Medical Center	Dr. Reardon	Endocrinologist	CT	~250	2012	~\$50M
Beebe Medical Center	Dr. Bradley	Pediatrician	DE	900+	2012	\$123M
Johns Hopkins	Dr. Levy	Gynecologist	MD	8,000+	2014	\$190M
Michigan State University	Dr. Nassar	Sports medicine	MI	300+	2018	\$500M (Additional \$380M by USA Gymnastics)
University of Southern California	Dr. Tyndall	Gynecologist	CA	17,000+	2019/2021	\$1.1B
Ohio State University	Dr. Strauss	Sports medicine	OH	300+	2020	\$60M
University of California	Dr. Heaps	Gynecologist/oncologist	CA	5,000+	2020/2022	\$700M
University of Michigan	Dr. Anderson	Sports medicine	MI	1,050	2022	\$490M
University of Southern California	Dr. Kelly	Men's sexual health	CA	80	2022	Unknown
Rockefeller University Hospital	Dr. Archibald	Pediatric endocrinologist	NY	200+	2023	Unknown
Mount Sinai Beth Israel	Dr. Cruciani	Neurologist	NY	~50	Open	Open
Saint Mary's Hospital	Lambros	Nurse	CO	1,000+	Open	Open
Universal Health Services/Cumberland Hospital	Dr. Davidow	Primary care	VA	50+	Open	Open
Marion General Hospital	Dr. Moore	OB Gyn	IN	100+	Open	Open
Brigham & Women's	Dr. Todd	Rheumatologist	MA	50+	Open	Open

# Sexual misconduct in the healthcare industry

Adverse action reports related to sexual misconducts as the primary action 2000 – 2024



Source: NPDB

# Prevention

# SAM Program

## Code of conduct



- Defining SAM
- Seek feedback from those in case
- Advise patients and employees alike that any concerning issues will be addressed
- Monitor trending data from satisfaction surveys
- Watch for patterns of problematic behavior
- Create a safe reporting environment
- Ensure background checks have been done
- Raise awareness

## Ongoing training



- Educate providers and staff
- Enhancing communication skills
- Patient/resident rights
- Conflict resolution
- Use of chaperones
- Proficiency in working with those who have behavioral health history
- Insights on working with patient who lacks cognitive dives
- Establish an anti-abuse campaign

## Policies and procedures



- Responding to an allegation
- Care of neuro diverse
- Conducting an investigation
- Hiring practices
- Background and criminal checks
- Staff competency assessment and credentialing
- Boundary setting
- Mandatory state reporting

# What drives allegations and risk?

- Communication mishaps
- Lack of training to the demographic served
- Professional boundaries not honored
- “One time” background checks
- Handling of prior allegations
- Interacting styles/rushing
- Situational awareness
- Organizational history of a failure to act
- Staff *Code of Conduct* adherence
- Failure to secure facility



# Workplace culture

**Leadership commitment:** Ensure that leaders at all levels demonstrate and reinforce the values of respect and professionalism through their actions and decisions.

**Clear communication of expectations:** Clearly communicate the organization's policies on respect, professionalism and misconduct.

**Professional boundaries:** Educate healthcare providers on maintaining professional boundaries and the importance of ethical behaviour.

**Encourage bystander intervention:** Train staff to recognize and intervene in situations where misconduct may occur.

**Recognition and accountability:** Recognize and reward staff who exemplify respectful and professional behaviour. At the same time, hold individuals accountable for misconduct through fair and consistent enforcement of policies.

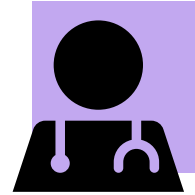


# Policies and procedures



## Develop clear policies and procedures

- Prevention strategies
- Reporting pathways
- Response to allegations
- Support channels



## Align all organizational policies

- Responding to an allegation of abuse
- Patient/resident rights
- Care of the neuro diverse patient and vulnerable populations
- Hiring practices, including when and how often background and criminal checks may be completed
- Conducting a credible investigation
- Mandatory state or board reporting requirements for licensed professionals
- Pre-hospital abuse in the community

# Ongoing education

Train for the demographic population you serve

- Raise awareness, keep the topic of AOA front and center
- Signs of neglect and abuse to include skin tears, multiple fractures and inability to explain bruising
- Enhancing communication skills
- Patient/resident rights
- Conflict resolution and verbal de-escalation
- Complaint and grievance management
- Proficiency in working with those who have a history of behavioral health



# Safe reporting channels

**Dedicated hotlines:** Establish anonymous and confidential hotlines specifically for reporting sexual misconduct. These hotlines should be accessible 24/7.

**Secure email addresses:** Provide a secure and confidential email address where reports can be sent directly to a designated compliance officer or hr representative external to the team involved.

**Online reporting forms:** Implement secure online forms that allow individuals to report incidents anonymously. Ensure these forms are easy to access and use.

**Independent HR or compliance officers:** Designate independent HR or compliance officers to handle reports of misconduct.

**Third-party reporting services:** Utilize third-party services that specialize in handling reports of misconduct.



# Risk identification strategies



Effective shift/role handoffs



Train staff to report “early” any suspicions or concerns



Factual and timely documentation



Trend data received from satisfaction surveys, complaints and reported grievances and look for patterns by department, unit, provider or employee



See something — say something: Create a safe reporting environment where any concern can be raised in a confidential manner



Seek out feedback from students, members and guests about their interaction and experiences

# Chaperones



Develop a written policy for how and when chaperones are to be utilized



Train to set standards, observe the chaperone in action and build competencies for the role



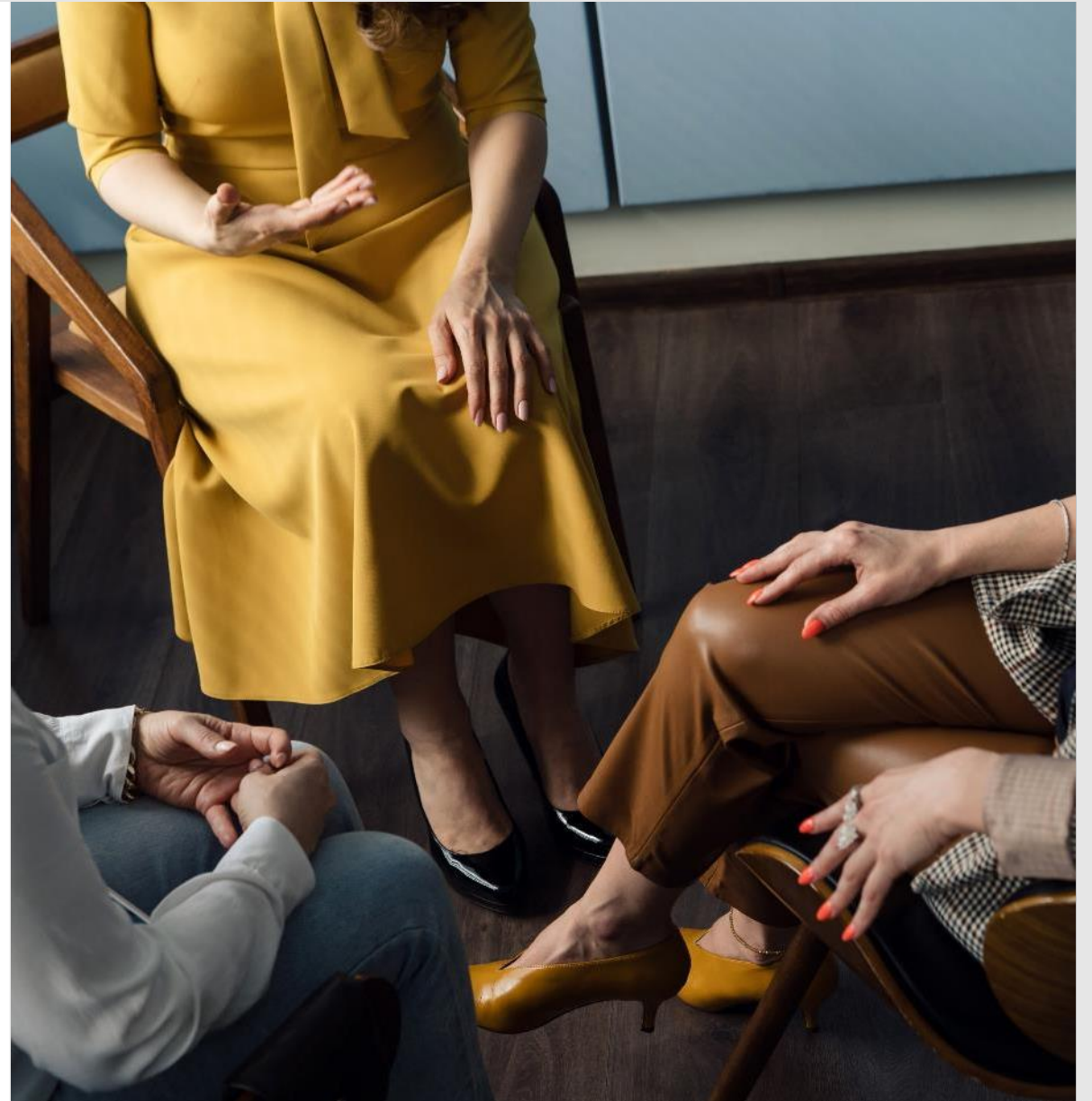
Create a job description for this role and develop a training curriculum that can be consistently delivered to all members of the care team who will serve as chaperones



Consider publishing your chaperone policy on your practices or organizations website

# Organizational response

Would your front-line staff know what to do and who to call if a patient alleges abuse?





# Create a written AOA plan

- Use a multidisciplinary approach when building the organizational plan
- Start by reminding staff that everyone is a risk manager
- Seek out feedback from patients and residents about their care interaction and experiences
- Advise patients and employees alike that any concerning or problematic issues will be acknowledge, investigated, and addressed
- Trend data received from satisfaction surveys, complaints and reported grievances.

# Immediate response



## Ensure safety and support

Provide trauma-informed care and access to counseling or advocacy services.

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## Remove the accused from duty

Temporarily reassign or suspend the individual pending investigation.

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## Preserve evidence

Secure documentation, surveillance footage and witness accounts.

# Escalation pathway

- Certain events are more serious than others and will require additional resources and support to resolve and manage
- Critical events and those that create media attention require senior leadership involvement and your marketing team
- A thorough escalation pathway ensures for notification of the key team members who would support this work
- Notify the legal team and ensure that the claims team is looped in
- Collaboration with different roles and departments are essential elements of an organizational response plan to an allegation of abuse



Sample escalation plan: [Incident and Event Reporting](#)



# Communication and notification

## Internal notification:

Inform staff appropriately, emphasizing confidentiality and non-retaliation.

Leadership

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Human resources and compliance

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General counsel

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Marketing

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Risk management

## External communication:

Inform external sources in a timely manner

Prepare statements for media or public inquiries, guided by legal counsel

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Regulators and accreditation informed as needed

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Insurance carriers and brokers

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Outside counsel

# Carriers and brokers

- Failure to immediately notify your insurance agency or insurance company of the lawsuit may result in the forfeiture of your rights under the policy
- Notification should be timely — ideally within 72 hours of the event — review your policy to be certain of the requirements
- Notice provides your carrier with an opportunity to investigate the underlying facts and effectively participate in the defense and resolution of the lawsuit in the event of a civil suit
- In many liability policies, the insurer has the right to control the defense



# Investigation



## Initiate a thorough and credible investigation

Engage internal or external investigators with experience in sensitive cases.



## Maintain confidentiality

Protect the identities and privacy of all parties involved.



## Document findings

Keep detailed records of interviews, evidence and conclusions.

# Ongoing communication strategy



**Internal communication:** Inform staff appropriately, emphasizing confidentiality and non-retaliation.



**Stakeholder updates:** Keep regulators, insurers and legal representatives informed as needed.

# Risk and policy review

**Assess systemic issues:** Identify any gaps in supervision, training or reporting mechanisms.

**Update policies:** Revise protocols related to professional boundaries, misconduct reporting and patient safety.

**Enhance training:** Provide education on sexual misconduct prevention, trauma-informed care and ethical conduct.



# Long-term recovery

**Support affected individuals:** Offer ongoing support to the patient, staff and others impacted.

**Rebuild trust:** Engage in transparent dialogue with the community and stakeholders.

**Monitor and evaluate:** Track the effectiveness of policy changes and cultural improvements.



# Outcome



Who will decide how and when follow-up with the accused employee or staff member will take place?

- The manager/designee, in consultation with the Human Resource partner will determine the type of follow-up required with the affected party
- The follow-up will depend upon the outcome of the investigation and can include return to work, disciplinary action including termination and/or revoking of medical staff privileges

# Reporting

## Responsibilities of the observer

### Scope of reporting

- The obligation applies even if the accused is not an employee but has privileges or contracts to provide care
- The report must be made to the relevant state licensing agency, which will then determine whether to investigate further
- According to the American Medical Association (AMA), physicians and healthcare professionals also have an ethical duty to report conduct that may endanger patients, including sexual misconduct
- Reports should be made to clinical authorities, peer review bodies, or state licensing boards, depending on the severity and immediacy of the threat



# Role of law enforcement

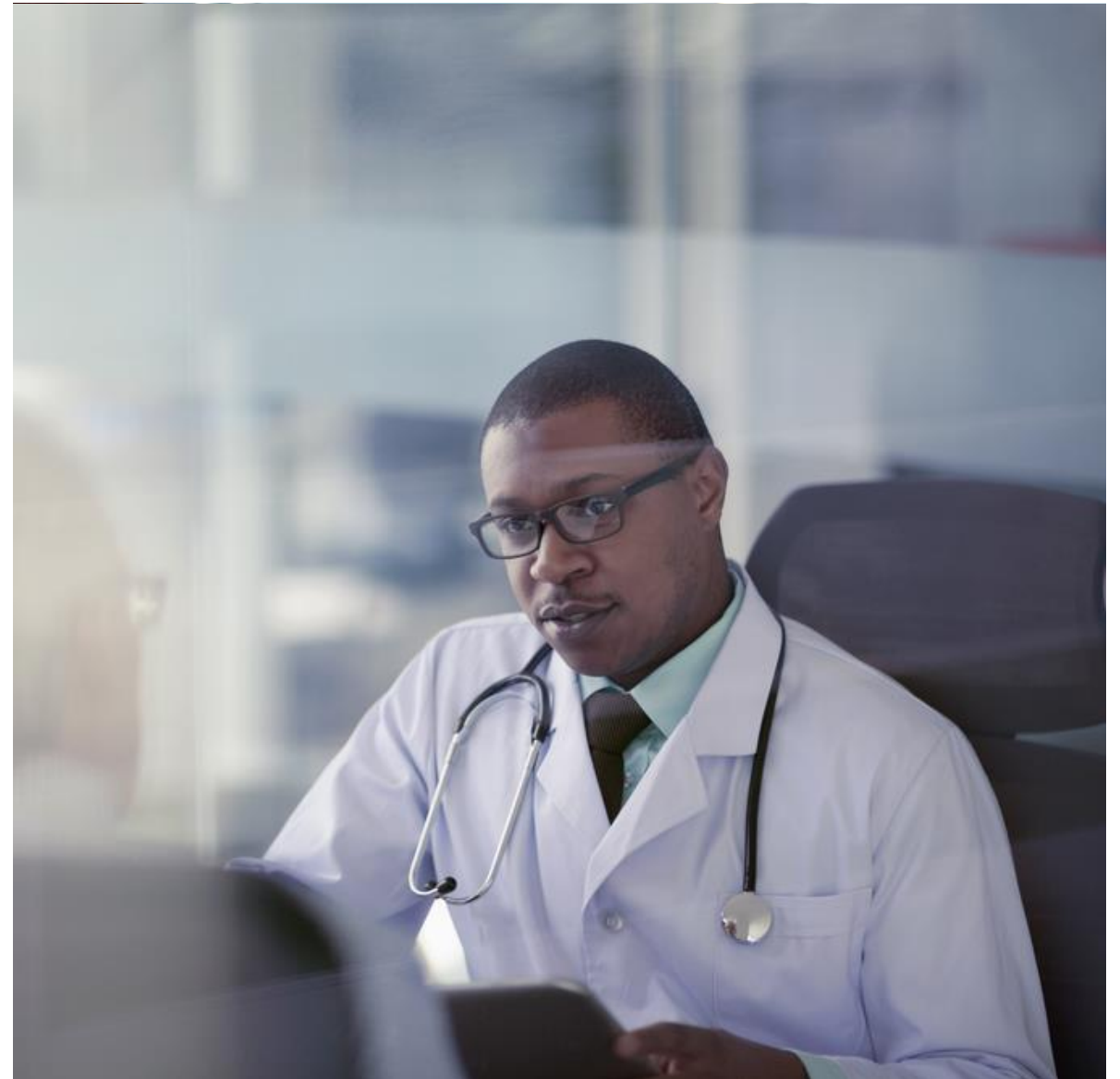
- Law enforcement notification should occur as an allegation of abuse may result in a criminal finding.
- Recommendation is to bring in law enforcement early.
- Having law enforcement present early will ensure for proper attention and necessary community referrals.
- The officers may elect to not pursue an investigation further but continued investigation by the organization is still warranted once law enforcement has cleared the case.
- Also notify in-house counsel to extend legal protections to your investigation.



# Caring for the caregiver

# The impacted caregiver

- Partner with your human resource representative promptly upon notification that an allegation of abuse has been made against an individual (affected party)
- First and foremost, remove the caregiver or provider from the care setting
- Do not reassign to affected party to another clinical unit or non-caregiver setting
- Utilize administrative leave, paid or unpaid depending on your organizations policy
- It is recommended that access to the electronic medical record be temporarily restricted until the conclusion of the investigation and final disposition of the case
- If in a union environment, the affected party can reach out to their union representative as they typically like to be present during interviews



# The healthcare team

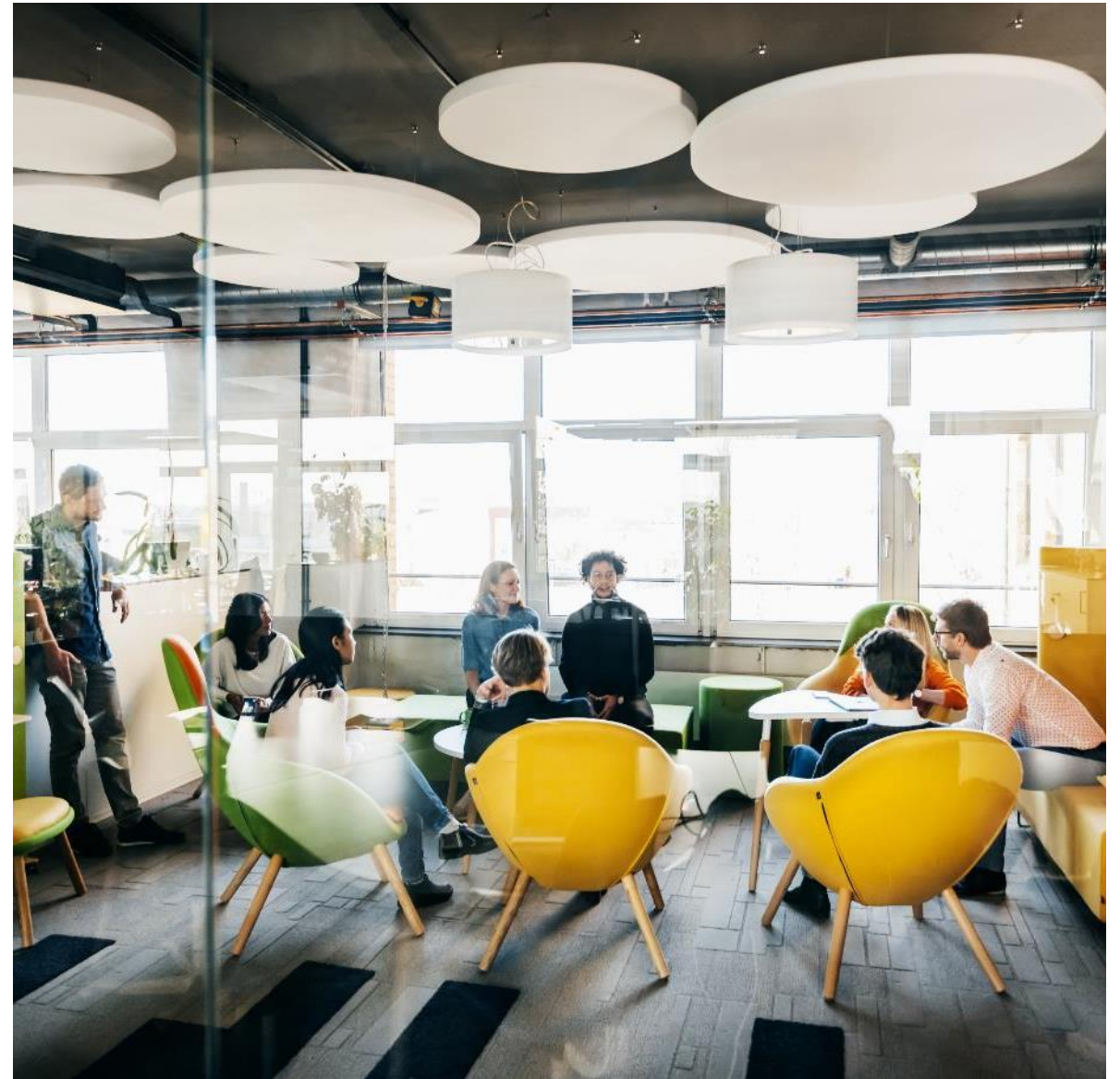
- If the allegation is made against a non-employed, community provider ensure that medical leadership is involved and that the provider notifies their own insurance carrier
- The care team that works closest to the affected party of affected unit may also be struggling. Include those team members in updates, when possible
- Make emotional support services available to the team as well, as needed
- Advise the staff to not communicate on social media platforms about the event or discuss the event with friends



# Survey readiness

# What could go wrong? Some of the following scenarios could occur because of this event.

- Failure to provide a safe environment for patients/residents
- Criminal charges
- Abuse of a vulnerable person
- Office of Civil Rights
- Failure to provide a safe environment for employee
- Loss of reputation in the community served
- Time consuming and unsubstantiated allegations
- Unannounced survey
- The organization is not in a state of survey readiness post the incident



# Be survey ready

- Documented evidence of a credible investigation.
- Timeline
- Policies and procedures on patient rights, resolving complaints and grievances, investigating incidents, etc.
- Employee files
- Police report number
- Availability of the HR file(s)
- Management of the investigative notes and file.



# Insurance implications

# *“Hospital Worker Charged with Sexual Assault of Patient”*

- Eye catching headlines and significant jury awards relating to abuse have captured the attention of insurance carriers and other risk management professionals
- The subsequent impact on coverage is that while once commonly and broadly included in professional and general liability policies, there is now significant scrutiny on the wording



# Healthcare professional liability

Bermuda, London and North America

## General market conditions



- Sizeable rate increases across the portfolio
- 'Working layers' expanding upwards
- Middle tower significantly affected
- Correction of rate relativity drop off



## Sexual abuse landscape

- Individual and batch claims
- Multiple claims for each carrier
- Both full limit and total tower losses
- Across all HC segments (not just academic medical centres)
- Reinsurer risk focus
- Management of abuse affected clients



## Market response

- Various – a spectrum
- Stand alone SML SIR
- RDI
- Coinsurance
- Sublimit, per claimant retention
- Batch excluded
- Will not recognize dual tower
- Absolute exclusion
- Third party risk review



## Issues to consider

- Existing stand-alone cover very expensive
- Small limits deployed
- Bespoke and uncoordinated
- Loss affected carriers' appetite
- Future reinsurer mandates

**Potential solutions:** Investigate viability of stand-alone facility leveraging U.K., U.S. and Bermuda markets deploying small lines. Goal is predefined carrier coordination, ease of placement effort, consistent terms, more affordable

# Excess market reaction

- Reduction in coverage
  - Reduced capacity, often requiring additional markets to fill out the excess tower; most carriers will write limits ranging from \$5 million to \$10 million
  - Some carriers are limiting coverage through coinsurance provisions, advancing the retro dates, sub-limits, standalone coverage or excluding abuse altogether
  - Reduced limits for batch claims or specific batch retentions with reduced limits for batched SAM
  - Including defense costs within the limits
- Increased scrutiny from underwriters
  - Required loss control, patient safety and risk management systems
  - National sex offender registry
  - Mandatory chaperones
  - Mandatory abuse training
  - Written policies defining appropriate behaviors and risks
  - Anonymous reporting hotline
  - Incident and reporting procedures



# Policy language considerations

- Exclusions may address specific abuse situations such as 'sexual abuse' or may more broadly exclude all abuse
- Coverage may be available for defense costs even if indemnity is excluded
- Policies may include a limitation related to abuse claims for 'negligent hiring'
- Policies may include a limitation related to abuse claims where the insured 'knew or should have known' of the potential for abuse
- Affirmative coverage statements often include a sub-limit which is lower than the full policy limit, which in turn may eliminate the affirmative coverage offered throughout the rest of an insurance tower



# Considerations

Negligent hiring

Hiring process

Batch claims

Separate attachment point

Limiting language

Affirmative coverage statements



# Preparing for underwriting

## First things first

- 1. Policy terms and coverage limits:** Don't hesitate to ask about the specifics of your policy terms, coverage limits and exclusions. This shows you are engaged and informed
- 2. Accuracy of information:** Always provide accurate and truthful information. Misrepresenting facts can lead to issues with your policy later on
- 3. Understanding the underwriting process:** Familiarize yourself with the underwriting process, including the factors underwriters consider and how they assess risk
- 4. Financial information:** If applicable, have detailed financial information ready, such as income statements, tax returns and other financial documents. This helps the underwriter assess your financial stability
- 5. Review your application:** Thoroughly review your application to ensure all the information provided is complete and accurate. This can help avoid delays in the underwriting process

# Having the hard conversation

- **Discuss your culture:** Talk about your company culture and values. Explain what makes your workplace unique and how it contributes to your overall success
- **Tell your story:** Start by telling your company's story, highlighting its origins, mission and key milestones to create a compelling narrative
- **Use data:** Use your data to back up your achievements and demonstrate your impact with concrete numbers and statistics
- **Highlight achievements:** Highlight significant achievements and milestones in your company's history. This could include product launches, major partnerships, awards and other notable successes. Use these milestones to demonstrate growth and credibility
- **Show commitment:** Highlight initiatives that showcase your commitment to safety, problem resolution, innovation, sustainability or community engagement
- **Showcase improvements:** Showcase organizational improvements by detailing any enhancements in processes, technology or employee development programs

# Having the hard conversation

- **Discuss challenges:** Discuss the challenges you faced and how you overcame them. This adds depth and relatability to your story. Be prepared to discuss any potential risks associated with your application, business risks or property vulnerabilities, as transparency is key
- **Be transparent:** Discuss updates on any changes in business operations that may affect coverage needs, such as new locations, mergers, equipment acquisitions, increase/decrease in service capacity or changes in employee count
- **Review emerging risks:** Consider new coverage, including cybersecurity threats, natural disasters and workplace violence, to ensure your organization is well-prepared for the future
- **Vision for the future:** End with your vision for the future. Describe where your company is headed and how you plan to continue making a difference



# Not your typical risk

Funding the uninsurable

# WTW | Willis

## Resources

# Allegations of abuse readiness toolkit

A comprehensive toolkit for direct caregivers  
to help plan for, respond to and recover from  
allegations of abuse



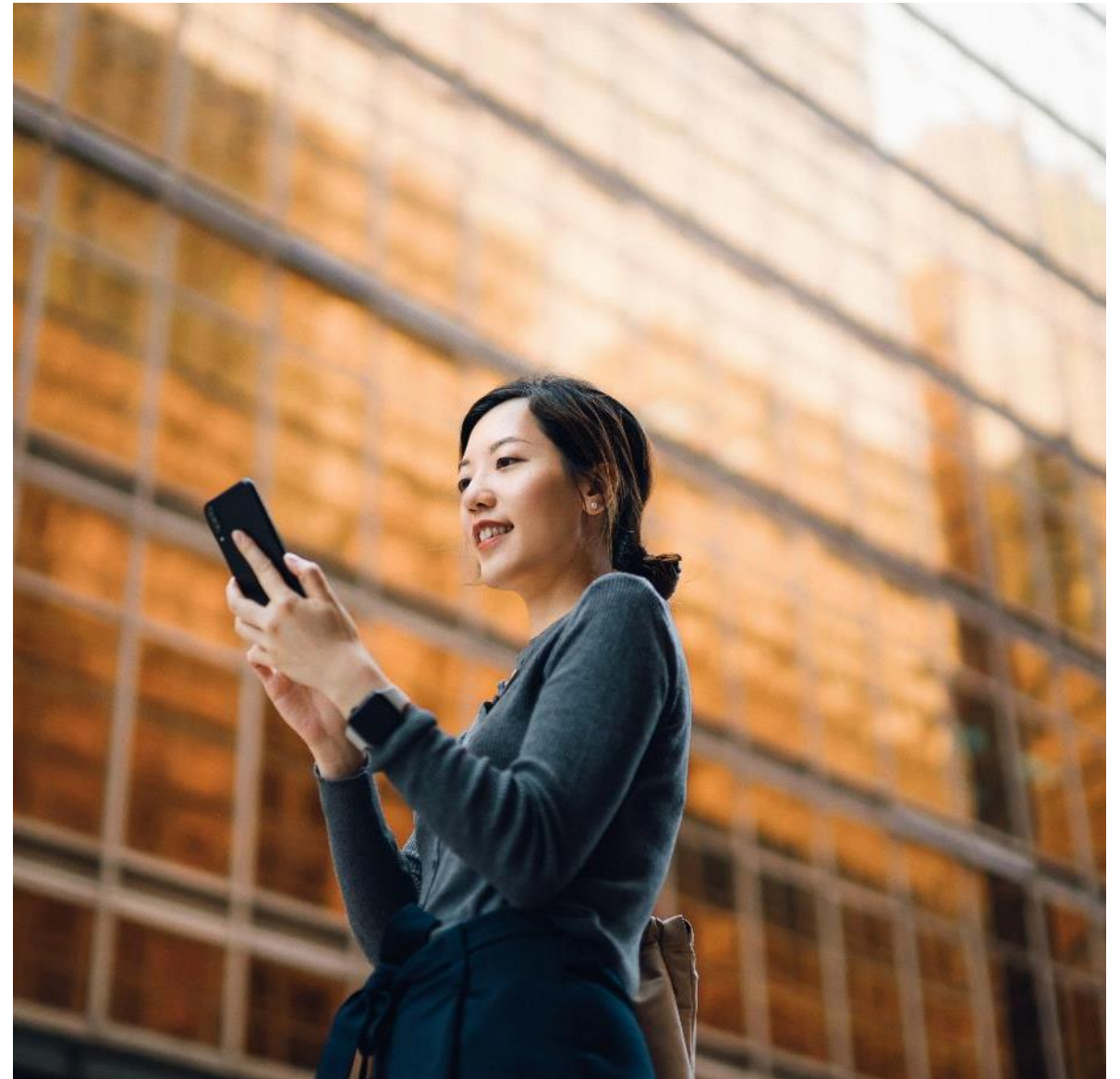
[View the website](#)



# The AOA toolkit

## Download

Title	File Type	File Size
<a href="#">↓ Allegation of Abuse General Guidance</a>	PDF	.9 MB
<a href="#">↓ Allegations of Abuse Manager's Guide</a>	PDF	2.6 MB
<a href="#">↓ Allegation of Abuse Sample Activation Checklist</a>	PDF	.1 MB
<a href="#">↓ Allegation of Abuse Sample Guide for Interviewing Impacted Persons</a>	PDF	.1 MB
<a href="#">↓ Allegation of Abuse Sample Staff Witness Interview Guide</a>	PDF	.7 MB
<a href="#">↓ Allegation of Abuse Use of Chaperones</a>	PDF	.1 MB
<a href="#">↓ Allegation of Abuse Sample Event Debrief for Stakeholders</a>	PDF	.1 MB
<a href="#">↓ Sample Incident and Event Reporting – Acute Care</a>	PDF	.3 MB
<a href="#">↓ Sample Incident and Event Reporting – Senior Living</a>	PDF	.6 MB





## **Joan M. Porcaro R.N., B.S.N., MM, CPC, CPHRM, DFASHRM**

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Joan joined WTW in 2022 and brings more than 30 years of experience as a healthcare risk management professional. Her prior leadership roles include serving as system director of risk management and patient relations for large, multi-state health systems. In these positions, she led teams of risk managers, risk management specialists, variance specialists, and patient relations coordinators supporting acute care and critical access hospitals, physician practices, urgent care, long-term care, cancer treatment programs, and home health and hospice services. Earlier in her career, Joan held operational leadership roles in acute care, home health, hospice, and physician practice management.

Joan holds an R.N. and B.S.N. from St. Xavier University in Illinois and a master's degree in management. She is a Certified Professional in Healthcare Risk Management (CPHRM) through the American Hospital Association and a Distinguished Fellow of the American Society for Health Care Risk Management (ASHRM). Joan has served ASHRM in multiple leadership capacities, including participation on national board committees and state chapter boards, and as chair of the ASHRM Forum Task Force, where she oversaw the acquisition, development, and editorial review of Forum submissions.

A frequent author and speaker for industry publications and conferences, Joan also serves as an adjunct professor in the Master of Healthcare Administration program at Texas Tech University. In addition, she is an ASHRM Faculty member, contributing to the development and support of risk management professionals through committee and chapter engagement. Joan resides in the Seattle metropolitan area.

Thank you