



Preventing Sexual Abuse & Misconduct in Healthcare Settings

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GETTING A BASELINE

Sexual abuse and misconduct is a preventable risk.



LEARNING OBJECTIVES

Navigating the National Landscape

The Data Dilemma

Leveraging Root Cause Analysis to Mitigate Risk

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WHY THIS CONVERSATION & WHY NOW?

Navigating the National Landscape

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INCREASING IMPACT

SURVIVORS | YOUR TEAM | THE INDUSTRY

FINANCIAL COSTS

2025 **\$750M** Dr. Robert Hadden

2024 **\$535M** Pavilion Behavioral Health

2024 **\$360M** Cumberland Hospital + CMO

2023 **\$485M** Arcadia Healthcare

2021 **\$380M** Dr. Larry Nassar

2021 **\$1.1B+** Dr. George Tyndall

Average Payout: **\$59 Million** (2001-2021)

REPUTATIONAL COSTS

PATIENT HARM

DISTRUST

REGULATORY SCRUTINY

REDUCED MORALE

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FINANCIAL PAYOUTS

INDUSTRY FOCUS



HEALTH CARE

AVERAGE:
\$59,331,175

MEDIAN:
\$2,400,000

LARGEST PAYOUT:
\$852,400,000



FAITH-BASED

AVERAGE:
\$15,975,673

MEDIAN:
\$2,000,000

LARGEST PAYOUT:
\$660,000,000



K-12 SCHOOLS

AVERAGE:
\$6,288,219

MEDIAN:
\$1,650,000

LARGEST PAYOUT:
\$139,250,000



SOCIAL SERVICES

AVERAGE:
\$7,059,679

MEDIAN:
\$2,775,000

LARGEST PAYOUT:
\$165,972,503



YOUTH DEVELOPMENT

AVERAGE:
\$8,198,969

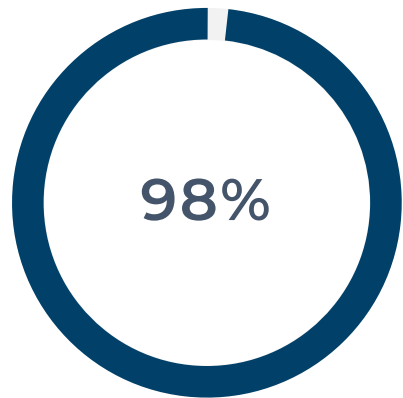
MEDIAN:
\$1,456,250

LARGEST PAYOUT:
\$120,000,000

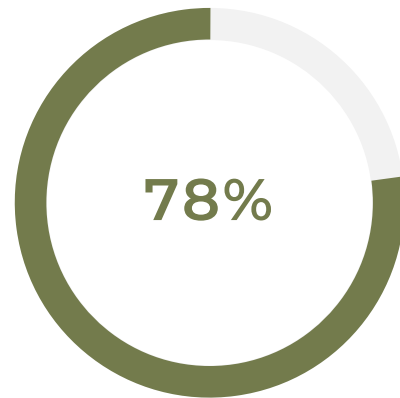


HEALTHCARE CASE ANALYSIS

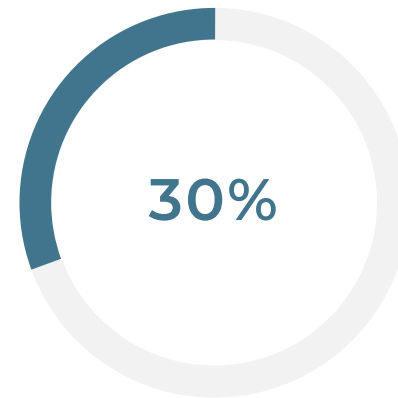
AVERAGE PAYMENT = \$59 MILLION



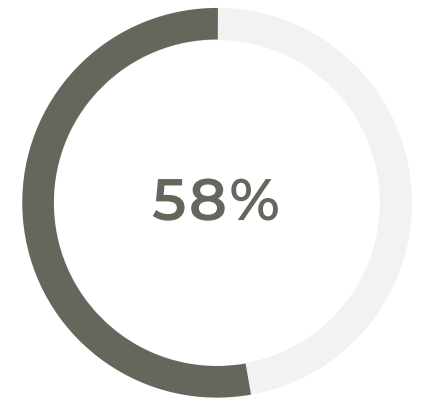
Male Offenders
(avg age 45 yrs)



Female
Victims



involved repeated
interactions and
abuse



of cases
healthcare facility
was aware of
allegations prior

[*Source: First Do No Harm \(Praesidium 3-Part Blog\)*](#)

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2024 Insurance Benchmarking Survey Results

OUTLOOK: SML Trends Over the Next Three Years



MARKET WILL HARDEN



LIMITS
DECREASING



Project Underwriting
Requirements to
INCREASE.

CURRENT: What Are Carriers Requiring?

- 88% Requirements for monitoring & supervising high-risk situations
- 88% Screening protocols, including background checks for staff &/or volunteers
- 94% Abuse prevention policies
- 94% Training protocols for employees, specifically in abuse prevention
- 81% Organizational response protocols for both incidents and allegations



WHY IS THIS SO HARD?

The Data Dilemma

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A close-up photograph of a doctor's hands holding a stethoscope. The doctor is wearing a white lab coat, and a clipboard is visible tucked under their arm. The background is softly blurred, showing other people in a clinical setting.

CHALLENGES & ASSUMPTIONS

- Data is only a snapshot in time
- 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

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.

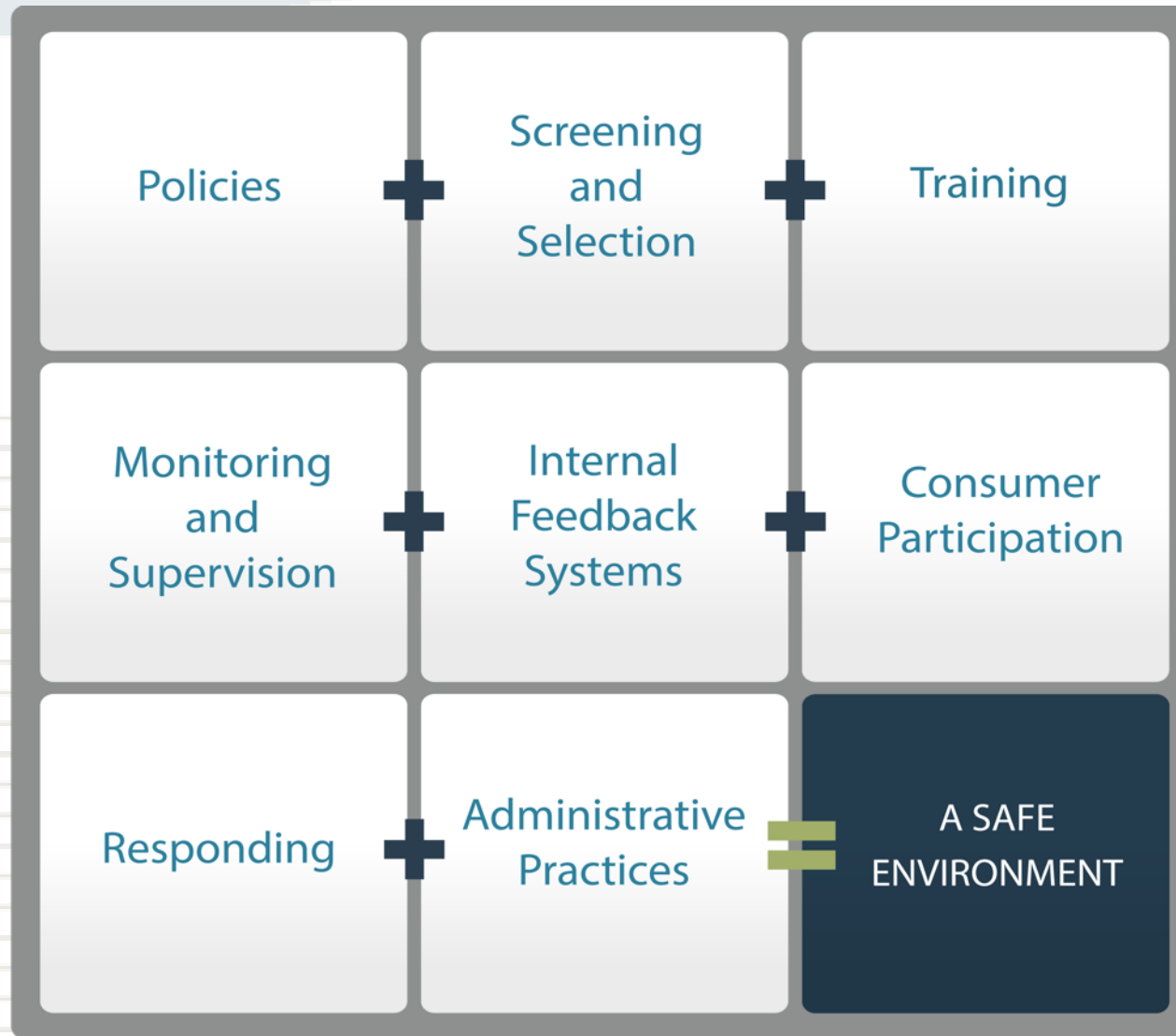
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WHAT CAN WE DO & HOW DO WE START?

Leveraging Root Cause Analysis to Mitigate Risk

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ROOT CAUSE ANALYSIS PATH TO PREVENTION

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CREATING A CULTURE OF SAFETY



Standards
are clear



Standards
are enforced



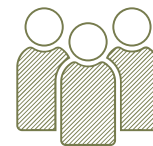
Everyone knows
safety is part of
their job



Everyone takes
warning signs
seriously



Everyone reports
their concerns



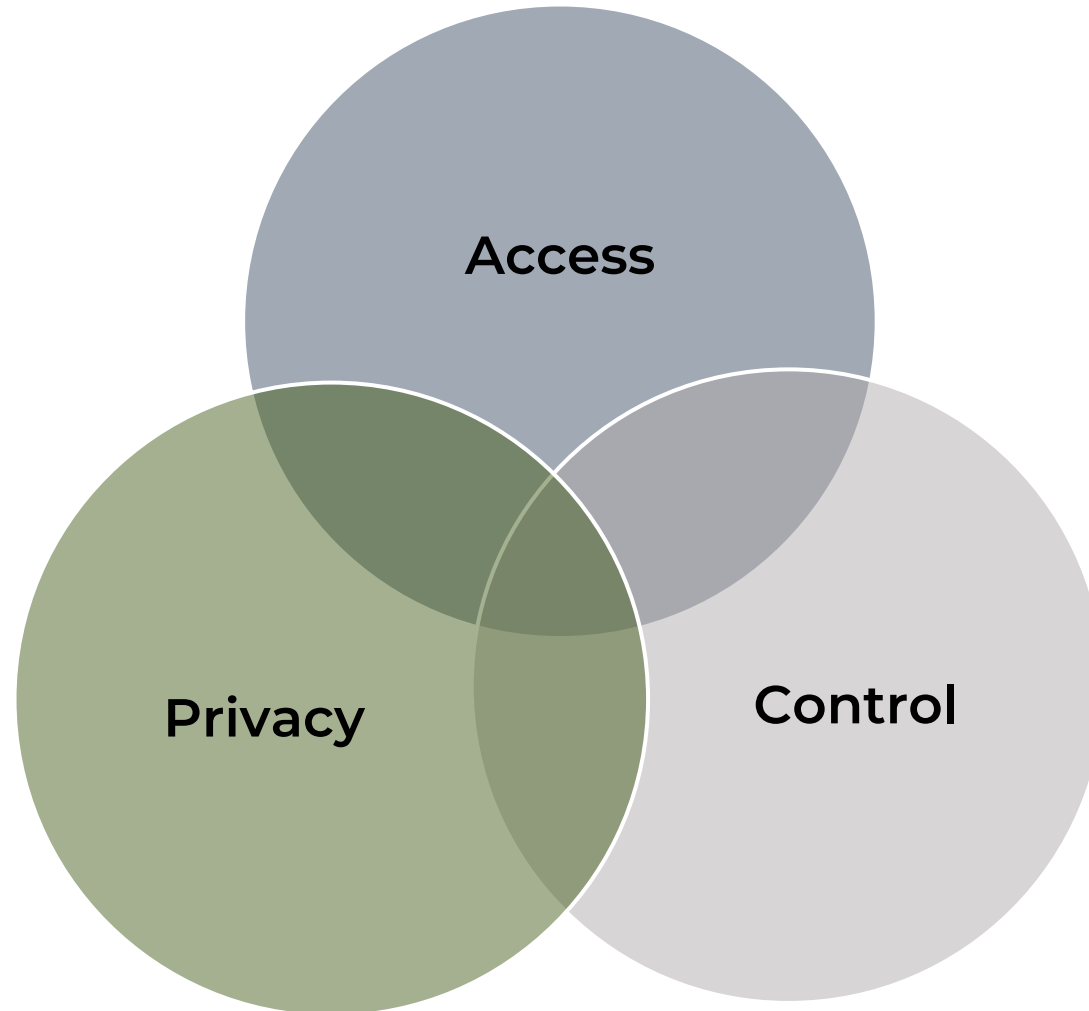
Employee
engagement is
high



Quality is
institutionalized

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UNDERSTANDING BOUNDARIES & SEXUAL ABUSE



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NORMALIZE THE CONVERSATION

UNDERSTAND WHAT PUTS **ALL** HEALTHCARE PROFESSIONALS AT RISK

- Over identifying with a client
- Not recognizing when (not if) you have “favorites” or when (not if) there is an attraction
- Is overly protective of a client
- Not thinking you’re at risk
- Stress
- Experiencing anxiety or depression
- Facing rejection or disappointment
- Coping with personal loss
- Loneliness
- Feels unappreciated and unrewarded for hard work
- Drug and excessive alcohol use
- Lack of peer and supervisor support
- Lack of supervision
- Working with vulnerable clients
- Working with clients with poor boundaries
- Working in a secluded area
- Intimate procedures and discussions
- Does not accept support

EVALUATE COMMON ASSUMPTIONS

FOR OPPORTUNITIES TO STRENGTHEN OPERATIONS



Ensure leadership understands and is committed to a culture of safety



Discuss and build better professional boundaries



Integrate a comprehensive approach to chaperones



Create robust patient education and feedback loops



Strengthen supervision and support of your team and higher risk patient interactions



Standardize response procedures and minimize reporting barriers



TIME FOR A POLL:

My organization's policies
for abuse prevention are
clearly communicated to **all** levels.

DISAGREE

AGREE

STRONGLY AGREE

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TIME FOR A POLL:

Concerns communicated to **leadership**
regarding the safety of patients are
taken **seriously**.

DISAGREE

AGREE

STRONGLY AGREE

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TIME FOR A POLL:

I have **high** confidence in our process for reporting and investigating abuse.

DISAGREE

AGREE

STRONGLY AGREE

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CULTURE JOURNEY



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QUESTIONS?

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PREVENTING ABUSE FOR MORE THAN 30 YEARS

Our mission is to prevent the sexual abuse of children and vulnerable adults and to preserve trust in respected organizations.

CANDACE D. COLLINS, JD

Senior Director of Strategic Alliances
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www.praesidiuminc.com

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2025 PRAESIDIUM REPORT



Praesidium, (2025). 2025
Praesidium Report.
<https://hubs.ly/Q03ghznv0>

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www.PraesidiumInc.com

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2024

Praesidium Insurance Carrier Benchmarking: *Sexual Abuse & Molestation Liability*



Preferred Citation:
Praesidium, (2025, February)
Benchmarking: Sexual Abuse
<https://bit.ly/SMLBenchmarking>



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