

Tip Sheet: Sexual Abuse Risk Reduction

Sexual harassment and sexual abuse/assault are an infringement on patient rights. Nevertheless, healthcare practitioners know sexual violence has occurred in behavioral health settings for many years. For individuals receiving care/services in a health-care facility or residential setting, there is an expectation that organizations, staff, and providers protect against all forms of neglect; exploitation; and abuse, including sexual abuse/assault.

Those suffering from behavioral health conditions are not the only known targets of abuse—the intellectually disabled, older adults, children, and other dependent persons are also vulnerable. Many occurrences of abuse, including sexual abuse, are thought to be unnoticed and, in some cases, are unreported despite being known. Sexual abuse by peers may often be overlooked. In behavioral health services, service providers have intensified their efforts to reduce the risk of sexual harassment or abuse/assault as reports of nonconsensual sexual contact are being more widely discussed. Although the #MeToo movement has also advanced the conversation about sexual violence in society, workplace violence programs and policies highlight sexual violence.

Regulations and accrediting bodies define sexual abuse, and the legal definition varies from state to state. The Joint Commission defines sexual abuse/assault (including rape) as “Nonconsensual sexual contact, including oral, vaginal, or anal penetration or fondling of the individual’s sex organ(s) by another individual”(1). Such abuse is considered a sentinel event for any individual served or receiving care; treatment; or services, including when individuals are on the premises of the organization or while under the care or supervision of the organization. The staff must observe the event; the perpetrator must admit the event occurred on the premises; or there must be sufficient clinical evidence to support the allegation of unconsented sexual contact.

When sexual abuse events occur, it is incumbent upon organizations to complete a prompt, thorough, and credible investigation. Initially, the organization must collect information (which may include initial interviews of staff) and document the events surrounding the allegation. Designated individuals at the organization should conduct a root cause analysis (RCA) for significant events, the goal of which is to fully understand the event and identify organizational processes and systems that may have contributed to it. After a thorough RCA, the organization must implement a corrective action plan to prevent a similar event from recurring.

Though little research has been conducted on sexual abuse in behavioral health settings, researchers have suggested several risk reduction strategies. Timmerman (2), Barrett (3), and others offer the following risk reduction strategies.

- Create a culture of safety. By creating an environment that encourages staff and patients to speak up when something is not as it should be, patients and staff will bring more events and incidents related to sexual harassment and abuse/assault to light. A thorough

investigation of incidents will aid in identifying opportunities to improve organizational systems and processes.

- Increased reporting. Organizational efforts to increase transparency about incidents in a nonpunitive environment will increase reporting of incidents and near misses.
- Safety huddles. Regular staff huddles offer a safe place for staff and leaders to share observations, concerns, and information related to maintaining a safe environment for patients and staff.
- Sexual violence policies. If formal organizational policies on sexuality and addressing sexual violence are lacking, they should be developed.
- Staff training. Staff training that addresses sexuality increases the competence of staff in managing at-risk situations and harassment. It also sends the message the organization views sexual harassment and abuse as a serious issue and is committed to risk reduction.
- Improved surveillance. Facility design and surveillance activities can discourage sexual encounters if patients and staff alike know they are being closely supervised. Cameras for surveillance are often not well-received by psychiatric patients and should be used in a way that least affects patients' trust and acceptance.
- Sexual abuse history. Obtaining a history of sexual abuse before patient placement should assist staff in establishing plans to proactively monitor and manage patients, preventing situations where the risk for abuse is known.
- Group dynamics. Understanding group dynamics in situations in which there are ongoing changes in group membership allows staff to proactively manage the placement of members during activities and when making room assignments. Gender-segregated units may reduce sexual abuse because incidents are more often perpetrated by men against women.
- Act on sexual harassment. When the staff identifies and acts on occurrences of sexual harassment, future sexual harassment and abuse incidents may be thwarted by redirecting individuals, increasing monitoring, or initiating other risk reduction actions.
- Increase advocacy efforts. When caregivers, providers, and leaders increase their advocacy of sexual violence prevention, barriers to sexual safety in health care settings will emerge, and additional risk mitigation strategies will be identified.

Report all sexual harassment and violence incidents to peer staff and supervisors. Follow all organizational policies for managing patients appropriately when sexual violence occurs. Formally report occurrences using the risk management reporting system, and involve the provider, law enforcement, sexual assault nurse examiners, and other personnel as appropriate.

Select Resources

1. The Joint Commission (TJC). (2022). Comprehensive Accreditation Manual for Behavioral Health Care And Human Services: Sentinel Event Policy.
https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sentinel-event-policy/cambhc_21_se_all_current.pdf.
2. Timmerman, G. & Schreuder, P. (2014). Sexual Abuse of Children And Youth In Residential Care: An International Review. *Aggression and Violent Behavior*. 19(6). 715-720. DOI:10.1016/j.avb.2014.09.001.
3. Barnett, B. (2020). Addressing Sexual Violence in Psychiatric Facilities. *Psychiatry Online*. Published Online:12 May 2020. <https://doi.org/10.1176/appi.ps.202000038>.

