FAIRWAY, Kan. -- Sexual assaults inside hospital walls aren't something you hear much about -- but the fact is, it happens.

For nearly eight months, the KCTV5 investigative team has explored how often attacks happened and why they are seldom reported. The investigation takes a stark look at a topic where the victims are reluctant to speak out and hospitals almost never talk.

Since KCTV5 first reported earlier this year about multiple sexual assault allegations inside a local hospital, victims and health care workers have come forward to share their stories. The investigative team has discovered that attacks happen in hospitals more often than admitted with little or no repercussions.

"Somebody had a pillow over my head," said a victim, whose name has been withheld to protect her identity. "I was knocked out, I guess."

"Everything started to add up in my head that I must have been raped," said another victim, whose name has also been withheld. "He put his hand under the gown and put his hand between my legs," the victim said. People don't usually think about being sexually attacked while they're in the hospital, but the KCTV5 investigation has uncovered that the system itself might be putting patients at risk.

"How dangerous is it for a sexual predator to be in a place like that where you have vulnerable potential victims?" said Allison Jones-Lockwood, from the Metropolitan Organization to Counter Sexual Assault. "I would agree that it is definitely dangerous."

KCTV5 asked Jones-Lockwood how often sexual assaults happen in hospitals.

"There are situations that come up that are not within the norm that we see," she said. "And a sexual assault in a hospital could definitely be one of those rare occurrences, but it's not something that we talk about or really have a lot of research on."

But the headlines paint a different picture. Across the country, there have been reports of hospital employees accused of sex crimes against patients in their own health care facilities. And KCTV5 has discovered it's happening in the metro area as well.

Late last year, nurse's aide Brent Wheeler was accused of sexually assaulting a brain damaged patient at the Gardner Rehabilitation Center. Wheeler maintained it was consensual sex.

Prosecutors dropped criminal charges against him because the 40-year-old woman may have met state consent criteria -- even though officials said she has the mental capacity of a 3-year-old.

In January, Shawn Garbin, a nurse at Shawnee Mission Medical Center, pleaded guilty to aggravated sexual battery against two patients. He was sentenced to three years probation. The state Board of Nursing took eight months to revoke Garbin's license.

And then there's William Price, a former North Kansas City Hospital emergency room nurse who was twice accused of sexually abusing women in his care. The hospital did not discipline Price and prosecutors did not file charges against him.

He is currently serving a 40-year sentence in federal prison for videotaping himself drugging and raping a 15-year-old girl in his home. At the heart of the prosecutor's case was the fact Price used his "skills as a nurse" to subdue his minor victim.

At his hearing in June, the Missouri State Board of Nursing revoked Price's nursing license -- nearly three years after his arrest.

Although the president of the board refused KCTV5's repeated requests for an interview, spokesman Travis Ford said the board is a complaint-driven enforcement agency.

Ford told KCTV5 that the board of nursing was never aware of the patients' allegations against Price from inside North Kansas City Hospital even though detailed reports about the sexual assaults were filed with the North Kansas City Police Department.

"You would have to ask the hospital," Ford said. "The board had not heard about any of these complaints. The first the board had heard about Mr. Price's behavior was from the federal prosecutors when he was arrested."

The Missouri Board of Nursing's operating rules require hospitals to submit complaints and reports against a nurse if "disciplinary action" was taken or if that person resigned because of conduct that could have led to "disciplinary action."

"Often times we don't hear about misbehavior of nurses so the number one thing we can ask the public and the employers of these individuals to do it to let us know," Ford said.

KCTV5 contacted 13 of the largest metro area hospitals to see how often a report of sexual assault inside their facilities had been made in the past five years.

One said they weren't aware of any reports at assaults in their hospital. Another refused to check. The remaining 11 failed to respond despite repeated requests by KCTV5.

Dr. Paul Schyve is a senior vice president with the Joint Commission, a Chicago-area organization responsible for evaluating and accrediting more than 17,000 health care organizations and programs. Despite doing numerous interviews about patient safety, Schyve said KCTV5 was the first to ever ask about the reality of sexual assaults inside hospitals.

"It is happening, it's continuing to happen and it's frequent enough that it's a problem that we should pay attention to," he said. "So how is it that MOCSA, officials in Kansas and Missouri and both state's nursing boards seem to be unaware of the scope of what's happening."

Schyve said the problem is that hospitals are not required to report events to any regulating body. And hospitals are hesitant to report sexual assaults or rapes because of the potential repercussions of the information going public.

"It's embarrassing," Schyve said. "It creates a negative image and they get worried -- I think understandably in our society -- about being sued."

In the end, the assaults leave behind real victims as KCTV5 has discovered.

"I'm embarrassed I did not want this to turn into where everybody knew," said one of the women. "But a friend of mine -- I talked to her -- and she said, 'you know next time, it could be your daughter.'"

KCTV5 has found a national database where federal authorities compile disciplinary actions taken against nurses and nurses aides. The database was created 22 years ago and holds the names of more than 100,000 people.

Neither the public nor hospitals and nursing homes can access the database when they do background checks because the Federal Department of Health and Human Services has not completed the legal process in order for the information to be made accessible to the public.