



Bulletin Number 2

Preventing Sexual Abuse

REVISED MARCH 2005

As a requirement of the Regulated Health Professions Act, 1991 (the RHPA), each regulatory health College must have a Patient/Client Relations Program that includes measures for preventing and dealing with sexual abuse of patients or clients.

This bulletin has been developed to help familiarize you with the College's zero tolerance policy and the measures that have been put into place to help prevent sexual abuse of clients by a massage therapist. It offers support and guidance in your understanding of this important topic.

Zero Tolerance Policy

The College recognizes the seriousness and extent of injury that abuse causes the abused client and others related to them and therefore supports *zero tolerance of any form of abuse, including sexual abuse*, of clients by massage therapists.

The College accepts responsibility for protecting the public interest by:

- Addressing the abuse issue openly,
- Providing an accessible and sensitive process for reporting allegations of abuse, and

- Providing information and guidelines to massage therapists regarding professional behaviour towards clients.

The College is committed to *prevention through education* of its members, clients of massage therapy and the public.

Please refer to the complete Zero Tolerance Policy for more information. Further discussion about this policy is also provided in Bulletin Number 1 of this series.

Defining Sexual Abuse

The *RHPA* defines sexual abuse to include:

- (a) Sexual intercourse or other forms of physical sexual relations between the member and the patient,
- (b) Touching of a sexual nature, of the patient by a member, or
- (c) Behaviour or remarks of a sexual nature by the member towards the patient.

Exception:

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Boundaries

Boundaries define personal space on physical and emotional/psychological levels. Boundaries vary with individuals, and with social and cultural differences. They can also change for one individual from one situation to the next, and over time.

Boundaries are violated when one person “crosses a line” by doing or saying something to another person without the other person’s consent. The person who holds the most power in a relationship is ultimately responsible when boundary violations occur.

As a health care professional, you always have the most power in the client-therapist relationship. Your power is derived from your authority, knowledge, access to privileged information, and the influence you potentially have on your client. Furthermore, the client holds you in a position of trust, making him or her more vulnerable. Because massage therapy necessitates touch, you are especially open to crossing client-therapist boundaries. Part of being a professional is staying alert

to the possibility that a boundary has been crossed – and “crossing back” when necessary.

Please refer to the booklet *Where’s My Line?* for additional information about boundaries.

Do’s and Don’t’s

Subtle types of sexually inappropriate behaviour are often unrecognized and occasionally may be committed inadvertently. While the College recognizes that the following guidelines do not cover all eventualities, unacceptable conduct can be avoided by the following:

Do...

- Communicate clearly and effectively, and listen actively.
- Ensure that the client clearly understands the treatment and gives consent, both prior to touching and continuously throughout treatment.
- Use appropriate disrobing and draping practices that respect the client’s privacy.
- Respect the different cultural and social viewpoints of each client and recognize how these differences can impact on the interpretation of what constitutes sexual abuse.
- Ensure that conversations between you and your colleagues would not be interpreted as offensive to a client.
- Be aware of the power imbalance implicit in the client-therapist relationship and always maintain responsible and appropriate professional boundaries.
- Be aware that the *RHPA*, publicity about sexual abuse of health care clients, and an increase in public awareness in general have acted together to change perceptions about the nature of the

relationship between clients and health care practitioners. Behaviour historically engaged in without consequence may now be open to question by an informed public, and open to client complaints and possible prosecution.

Don't...

- Do not use gestures, tone of voice or expressions or engage in any behaviour that may be interpreted as seductive, sexually demeaning or abusive to a client.
- Do not make sexual comments about a client's body or clothing.
- Do not tell jokes or stories of a sexual nature to a client.
- Do not make comments about a client's sexual orientation.
- Do not engage in conversations with clients about sexual histories, problems, preferences or fantasies, even if such conversations are initiated by the client.
- Do not make or accept a request for a date with a client.
- Do not engage in "affectionate" behaviour with a client, such as hugging or kissing.

Consent to Treatment

Prior to treatment, every client must give consent to treatment based on information you have provided. Explain fully why treatment is necessary, what positive and negative effects the treatment may have, and what other options might be available. The client should understand that treatment may be withdrawn at any time if the client experiences feelings of discomfort, fear or has a change of mind. Reestablish client consent throughout the treatment by continuing to explain procedures performed and checking constantly for understanding and cooperation.

Remember, the onus is always on you, the professional, to obtain consent and maintain professional boundaries.

Standard of Practice for Breast Massage

Given the sensitive nature of treating breast tissue, clients need to fully understand the reasons for and the processes involved with breast massage. It is important that members of the profession who provide this treatment modality continue to ensure careful attention is given to maintaining the Standards of Practice and communicating effectively with clients to avoid the possibility of a client perceiving professional treatment as abuse.

The Standard of Practice for Breast Massage sets out the minimum expected conduct for members when providing breast massage. Members must remember to ensure that appropriate clinical indicator(s) for breast massage have been identified to the client. Appropriate clinical indicators are listed in the Standard. Obtaining informed consent from a client for breast massage includes but is not limited to providing the client with sufficient information to make an informed decision, providing information relating to the risks and benefits of the proposed treatment, and reassuring the client that consent can be withdrawn at any time.

Position Statement on the Treatment of Sensitive Areas

The chest wall musculature, breast tissue, inner thigh and gluteal region are considered sensitive areas of the body, generally regarded as potential targets for both misunderstandings of intent and actual

sexual abuse. In 2003, the College adopted a Position Statement on this topic. It is the College's position that clients are entitled to informed choice concerning all proposed treatments and treatment plans. To verify that clear communication takes place for proposed treatment of sensitive areas, a signed form acknowledging that information sharing and informed choice has occurred can be placed in the client's file. The Position Statement provides additional guidelines for massage therapists, as well as a sample consent form.

Please refer to the text of the complete Position Statement for additional information.

Mandatory Reporting

The *RHPA* states clearly that it is your responsibility to file a written report if you have reasonable grounds, obtained in the course of your practice, to believe that a client has been sexually abused by any member of our College or a member of any other college of a regulatory health profession. Failure to report allegations of sexual abuse of clients when there are reasonable grounds to believe the abuse may have occurred is an offence under the Act, and can lead to severe penalties.

Specifically, if the client of a regulated health professional alleges sexual abuse, you must take the following steps:

- Within 30 days of becoming aware of an act or situation of sexual abuse, you must submit a written report to the Registrar of the health regulatory College of the professional alleged to have committed the abuse.
- You must submit the report immediately if you have reason to believe the abuse will continue or abuse of clients/patients will occur.

- You are required only to report information obtained in the course of practising your profession.
- You must submit a report only if you know the name of the practitioner who was involved in the alleged abuse.
- You must not include the patient's name without his or her written consent.

Members are protected under the *RHPA* from any actions or proceedings that might arise as a result of their reporting, in good faith, an allegation that sexual abuse has been committed by a member of any regulated health profession.

Penalties

It is the policy of the College to investigate and act upon any complaints and information received dealing with allegations of any form of client abuse in an effective, timely and sensitive manner. For those members found guilty of other forms of client abuse, the College is committed to imposing appropriate penalties to reflect the seriousness of the conduct of concern. With regard to those members found guilty of sexual abuse of a client, the College will uphold the sanctions mandated by the *RHPA*. (Please refer to the complete written Policy for more information.)

Position Statement on Post-Termination Relationships

The *RHPA* prohibits sexual contact between a client and his/her treating health care practitioner. It also prescribes a mandatory penalty of revocation of a member's certificate of registration if s/he is found guilty of this offense.

The College adopted a Position Statement on Post-Termination Relationships in 2000. It states that massage therapists should not enter into a sexual relationship with a former client for a period of one year following the date of the last professional contact with the client. This means that a massage therapist should not initiate or respond to any client-initiated invitation to begin a sexual relationship.

The College recognizes that a variety of factors need to be considered before deciding when or if a post-termination relationship can commence. These include:

- Determining whether a personal or professional relationship exists with the individual, and
- Evaluating the nature of the treatment provided, the duration of the professional relationship and the location of the practice.

Model for Making Ethical Decisions

When faced with an ethical decision, such as determining the appropriateness of a post-termination relationship, the following Model for Ethical Decision-Making will assist you in making choices that are appropriate and in the best interest of your client, yourself and the profession.

Step 1: Identify the value conflict posed by the situation.

Step 2: Gather the information that is relevant to the value conflict.

- Who is involved?
- What are the relevant facts, clinical and personal?

Step 3: Evaluate the available options objectively.

- Is the option acceptable to all parties?
- Is the option driven by a high-priority value?
- Legalities (regulatory laws, regulations, standards of practice, policy statements)

Step 4: Choose an option and defend it with sound, reasoned argument.

Step 5: Revisit the situation.

- What did you learn from the situation?
- How can you continue doing your professional work and act in harmony with your high-priority values?

Applying the Model – A Case Study on Post-Termination Relationship

The following case study on post-termination relationships is provided to help you work through the above decision-making model. Please contact the College if you have questions or concerns regarding this case study.

If you would like more information about boundaries and ethical decision making, the College encourages you to attend its workshop entitled “Making Ethical Decisions and Maintaining Boundaries in Professional Relationships.” This two-day workshop is offered six times per year, free of charge, in each electoral district across Ontario.

It should be noted that advice or guidance offered by the College cannot guarantee that a massage therapist will not be the subject of a complaint lodged by a client or former client. Each complaint, by law, must be considered by the College on the merits of the case.

Case Study

After graduating from massage therapy school, John moves to a small, isolated town to set up his practice. Initially, John experiences difficulty obtaining clients. The townspeople don't seem interested in massage therapy as a health care modality. Also, because of a negative experience with a previous massage therapist, townspeople wonder if John will use his practice to recruit sexual partners. Nevertheless, John perseveres and slowly but steadily gains the trust and respect of the community.

One day, Sue, a local merchant, comes to John for treatment. She has been referred by her doctor to seek help dealing with a chronic, work-related injury. John and Sue strike up an immediate friendship based on shared interests and values. Both look forward to the Wednesday morning treatment sessions, and John is pleased when Sue's chronic condition responds to treatment.

John finds himself constantly thinking of Sue and is delighted when she telephones to tell him she would like to terminate their professional relationship in order to begin a romantic relationship. He agrees almost immediately, rationalizing his particular circumstances (i.e. he has a strong connection with Sue and it is difficult for him to meet people he does not know professionally). Almost immediately, John gives himself permission to make an exception to the general rule. The general rule is that massage therapists do not enter into a sexual relationship with a former client for a period of one year following the date of the last professional contact with the client.

Shortly after this almost immediate decision to pursue a romantic relationship with Sue, John begins doubting his decision. Should he end his professional relationship with Sue and, immediately thereafter, enter into a personal relationship with her?

Step 1: Identify the value conflict posed by the situation.

If the massage therapist terminates the professional relationship and immediately thereafter enters into a personal relationship, he undermines the alternative value of *professional objectivity*, which requires that he use his professional knowledge in the best interest of the client.

If the massage therapist preserves the professional relationship, he undermines the alternative value of *romantic love*, which he cannot pursue while his professional relationship with this client continues.

Step 2: Gather the information that is relevant to the value conflict.

Who is involved:

Client, massage therapist, client's doctor, members of the community, the profession

Relevant facts:

Clinical – Client referred by a doctor; client's chronic injury responding to treatment; the "holding" of a chronic injury by a client can be related to the client's attempt to suppress serious issues not yet addressed; client-initiated request to terminate the professional relationship and begin a romantic relationship

Personal – An emotional connection between professional and client; a client-initiated request to start a romantic relationship; difficulty for massage therapist meeting people he does not know professionally; townspeople's history of mistrust for massage therapists

Step 3: Evaluate the available options objectively.

Available options would include but not be limited to the following: (1) maintaining the professional relationship; (2) terminating the professional relationship and entering into a year-long “cooling off” period; and (3) terminating the professional relationship and immediately thereafter entering into a personal relationship. Objectively evaluate these three options and all other reasonable options that occur to you.

The following paragraphs demonstrate how to undertake an objective evaluation of an option. Review the demonstration and then take a few minutes to objectively evaluate all reasonable options that come to mind.

Option 2 (above):

Terminate the professional relationship and enter into a year-long “cooling off” period.

ACCEPTABILITY OF OPTION 2:

Both massage therapist and client would find Option 2 stressful, as they are both eager to start a personal relationship.

VALUE DRIVING THIS OPTION:

On the one hand, the option is driven by the value of professional objectivity, which requires that the professional use his/her knowledge in the best interest of the client. The operative word here is client. Is it in the best interest of this client, as client, to terminate a therapeutic relationship that has helped her deal with a chronic, work-related injury? What alternative arrangements can be made to carry on the therapeutic work if the professional relationship is terminated? Does the client have unaddressed issues around the “holding” of her chronic injury? If so, do the issues intensify the emo-

tional charge of the professional relationship? Is the power imbalance that already exists in a professional/client relationship intensified by the emotional charge of the client’s unaddressed issues? Could the client come to resent the termination of a professional relationship that had been helpful to her?

On the other hand, the option is driven by the value of romantic love, which often leads people into stable, long-term relationships. Would the power imbalance that exists in the professional relationship be introduced into the personal relationship, if therapist and client were to begin a personal relationship immediately? Would this have a negative effect on the personal relationship? Would a “cooling off” period give John time to assess the intensity of his feelings? In other words, are his feelings for Sue related to the intensity of the therapeutic relationship and might this intensity disappear if he were no longer seeing Sue professionally?

Legalities (regulatory laws, regulations, standards of practice, policy statements):

The RHPA defines as sexual abuse a professional’s entering into a sexual relationship with a client. Regulations arising from the RHPA define abuse and sexual abuse as professional misconduct. The College’s *Position Statement on Post-Termination Relationships* states that for a period of one year following the date of the last professional contact with the client a massage therapist should not initiate or respond to any client-initiated invitation to begin a sexual relationship.

Take a focused, questioning approach to an analysis of all reasonable options before proceeding to Step 4.

Step 4: Choose an option and defend it with sound, reasoned argument.

Suppose you were to choose Option 2. Your sound, reasoned argument in defence of terminating the professional relationship and delaying personal involvement for a year would touch on several ideas:

- Termination with delay allows for the development of an appropriate alternative for continued client care.
- Delay allows for the dissipation of feelings associated with the professional/client relationship, where the client is vulnerable and the professional, caring.
- Termination with delay does not preclude entering into a personal relationship later.
- With delay, there is less likelihood that power imbalances arising from the professional/client relationship will be carried over into the personal relationship.

Step 5: Revisit the situation.

Presumably, John has learned that clients can develop strong emotional attachments to professionals and sometimes professionals reciprocate. Revisiting the situation will allow him to think objectively about how to deal with similar situations in the future.



COLLEGE OF MASSAGE
THERAPISTS OF ONTARIO

1867 Yonge Street, Suite 810
Toronto, ON M4S 1Y5

Phone: (416) 489-2626

Toll-free: (800) 465-1933

Fax: (416) 489-2625

E-mail: cmto@cmto.com

www.cmto.com