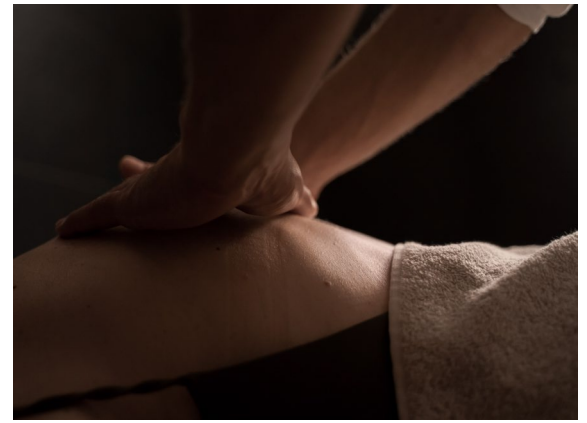


MORE THAN UNPROFESSIONAL? SEXUAL MISCONDUCT IN PHYSICAL THERAPY

A RESOURCE FOR PROVIDERS



WHAT IS A THERAPEUTIC RELATIONSHIP?

A therapeutic relationship between a patient/client and the provider is built on trust, respect, sensitivity, duty, and power. Aspects of a *professional* relationship include payment for services, limited duration of the relationship, a professional location for all interaction, structured conversation, and limited purpose for contact.

A provider must constantly re-evaluate his/her professional boundaries, be aware of the power imbalance between the clinician and patient/client, and repeatedly seek informed consent for procedures that involve touch.

THE PATIENT-PROVIDER RELATIONSHIP DEPENDS ON THE ABILITY OF THE PATIENT TO HAVE ABSOLUTE CONFIDENCE AND TRUST IN THE PROVIDER.

WHAT IS SEXUAL MISCONDUCT?

- Any behavior that exploits the patient-provider relationship in a sexual way
- May be verbal or physical, including thoughts or feelings of a sexual nature or that a patient/client may construe as sexual¹
- Obvious examples include sexual abuse, sexual assault, and sexual harassment
- Less obvious examples include dating, flirting, and socializing with a patient/client
- Therapists are trusted and respected by their clients — it is not uncommon for clients to admire and feel attracted to their provider.
- However, a provider who accepts or encourages the expression of these feelings through sexual behavior or sexual touch violates the therapeutic relationship and engages in conduct that may be illegal and unethical.

POWER DIFFERENTIAL

An inherent power balance or imbalance exists between two individuals in a relationship or within a single interaction. Healthcare providers must be aware of and not underestimate their influence on a patient/client and how their inherent power may significantly impact the meaning or intent of a comment, touch, or interaction.

INFORMED CONSENT

The process in which patients are given important information regarding the possible risks, benefits, and alternatives of their care plan, allowing the patient to elect or reject treatment. Consent is an ongoing process, and as the patient's plan of care evolves, so should patient consent be continually solicited.

WHAT NOT TO DO:

- Discuss intimate or personal issues with a patient/client
- Flirt with a patient/client
- Keep secrets with a patient or for a patient
- Discharge a patient/client in order to date them
- Meet a patient/client outside of the care setting
- Give out personal contact information to select patients/clients
- Communicate privately with a patient via phone or social media
- "Friending" a patient/client on social media
- Engaging in a sexual or romantic relationship with a patient/client, even if consensual

AREAS OF CONCERN:

- Spending more time with a patient/client than a treatment requires
- "Following/Liking" patients/clients on social media
- Socializing or communicating with a patient/client outside of clinical hours
- Inappropriate sexual jokes and comments (either by the provider or the patient/client)

WHAT TO DO:

- Be sensitive to the inherent power imbalance between a patient/client and the provider
- Keep the relationship with the patient/client professional
- Review informed consent, the purpose of treatment, and receive ongoing consent
- Give the patient/client permission to ask questions at any time
- Provide contact information through clinic/business contacts, not personal contacts
- Establish workplace policies regarding the use of chaperones, patient/client contact outside of the care setting, and gift giving
- Acknowledge the professional duty to report sexual misconduct and boundary violations.
- Review state rules/statutes regarding sexual misconduct
- Be informed — understand the prevalence of sexual abuse and the impacts past sexual trauma may have on the patients/clients you treat
- Be vigilant about potential perceived boundary crossings and make corrections

SEXUAL MISCONDUCT BY A CLINICIAN IS AN ABUSE OF POWER AND A VIOLATION OF PATIENT TRUST.

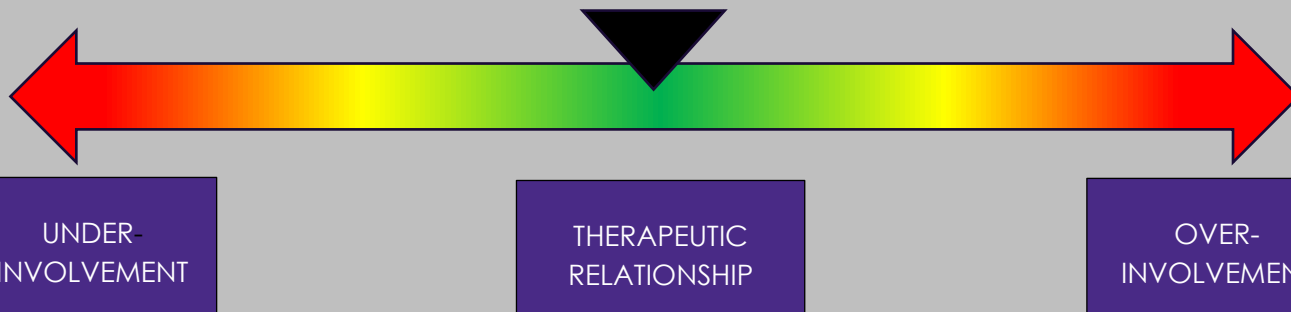
IT IS A BREACH OF PROFESSIONAL RESPONSIBILITIES, ETHICS, AND LAWS.

LEGAL CONSIDERATION

State practice acts prohibit romantic or sexual relationships with current patients, and in some jurisdictions, even after the patient is discharged.

ETHICAL CONSIDERATION

Even if a patient consents to a sexual relationship with a provider, there is an inherent power imbalance in the therapeutic relationship between a vulnerable patient and the provider, who possesses the skillset needed by the patient in seeking care.²



All patient-provider interactions can be plotted on a continuum of professional behavior. Healthcare providers can use this as a frame of reference to evaluate their behavior and consider if they are acting within acceptable confines of the therapeutic relationship.

RESOURCES FOR ONGOING EDUCATION

- FSBPT website: <https://www.fsbpt.org/Free-Resources/Regulatory-Resources/Sexual-Misconduct-and-Boundary-Violations>
- Power Imbalance in Physical Therapy (FSBPT): https://www.fsbpt.org/Portals/0/documents/free-resources/Power-Differential-White-Paper_Final.pdf
- Consent Guide from the College of Physiotherapists of Alberta: https://www.cpta.ab.ca/docs/65/Consent_Guide.pdf
- Use of chaperones – APTA <https://aptapelvichealth.org/wp-content/uploads/2023/01/Academy-of-Pelvic-Health-Position-Statement-on-Use-of-Chaperones.pdf>
- Continuing Education Courses:
 - UC San Diego PACE: Professional Boundaries Program: <https://www.paceprogram.ucsd.edu/CME/Boundaries>
 - PBI Education: <https://pbieducation.com/courses/>
- APTA resources (members-only access):
 - Combatting Sexual Harassment and Inappropriate Patient Sexual Behavior (PT in Motion article, 2/1/2019)
 - Study: Ignoring Inappropriate Patient Behavior Doesn't Work, but Other Strategies Might (published 7/2/2018)
 - Ethics in Practice: #Boundaries: when is the line being crossed? (APTA Magazine column, 8/1/23)