



**College of  
Occupational Therapists  
of British Columbia**

**COTBC Practice Standards for  
Preventing Sexual Misconduct, 2017**

**Overview**

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# Practice Standards for Preventing Sexual Misconduct

## Note to Readers



Throughout these practice standards, reference is made to the support documents listed on the next page. Please check that you have the most recent versions, and if necessary, download these from the College website or contact the College for updates.

To ensure timeliness and accuracy, updates to practice standards will be made when necessary. Suggestions and questions regarding the content or application to practice should be forwarded to

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# Practice Standards for Preventing Sexual Misconduct

## Note to Readers, continued



Association of Canadian Occupational Therapy Regulatory Organizations. (2011). *Essential competencies of practice for occupational therapists in Canada* (3rd ed.). Retrieved from [http://www.cotbc.org/PDFs/EssentialCompetenies3rdEd\\_WebVersion.aspx](http://www.cotbc.org/PDFs/EssentialCompetenies3rdEd_WebVersion.aspx)

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# Practice Standards for Preventing Sexual Misconduct



## **Practice standards in this series:**

1. Recognizing Sexual Misconduct, p. 14
2. Avoiding Sexual Misconduct, p. 19
3. Addressing Concerns Related to Potential Sexual Misconduct, p. 27

# Practice Standards for Preventing Sexual Misconduct

## Preamble



The *Occupational Therapists Regulation* under the *Health Professions Act* (RSBC 1996, c. 183) acknowledges occupational therapy as a regulated health profession. COTBC regulates the practice of British Columbia occupational therapists in the public interest.

COTBC practice standards are published by the College to assist the occupational therapist in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* (3rd ed.) by

- defining registrant responsibilities;
- describing minimal expectations for occupational therapy practice; and
- defining safe, ethical, and competent occupational therapy practice.

The *COTBC Practice Standards for Preventing Sexual Misconduct* were developed by occupational therapists in British Columbia who work in a variety of practice settings and serve on the COTBC Standards Committee. The committee reviewed parallel documents from Canadian and international occupational therapy and health regulatory organizations, and considered practice questions, issues, and concerns presented by registrants and others.

# Practice Standards for Preventing Sexual Misconduct

## Statement of Purpose



The College is committed to the prevention of sexual misconduct. While most sexual misconduct is easy to identify, boundary violations that may lead to sexual misconduct may be harder to discern and can be the result of an accumulation of boundary crossings over time. These *Practice Standards for Preventing Sexual Misconduct* were developed to assist the occupational therapist to recognize and prevent boundary crossings and violations that may lead to sexual misconduct as well as appropriately respond to situations where the occupational therapist identifies potential sexual misconduct. The reader will note that these standards closely mirror the *Practice Standards for Professional Boundaries*. This design is intentional. While sexual misconduct is an example of a professional boundary issue, its significant risks and impacts warrant a separate, tailored set of standards to direct occupational therapy practice.

When used alongside COTBC's *Practice Standards for Professional Boundaries*, *Practice Standards for Conflict of Interest*, *Obtaining Consent to Occupational Therapy Services*, Code of Ethics, and Bylaws, and the *Essential Competencies of Practice for Occupational Therapists in Canada* (3rd ed.), the *Practice Standards for Preventing Sexual Misconduct* help clarify the occupational therapist's accountabilities and the College's expectations.

# Practice Standards for Preventing Sexual Misconduct

## Overview



Every client has the right to safe, competent, and ethical occupational therapy services. To meet this commitment, the occupational therapist accepts responsibility for his or her practice, including the maintenance of therapeutic relationships and professional boundaries. COTBC's *Practice Standards for Professional Boundaries* discusses therapeutic relationships and professional boundaries in more detail:

The occupational therapist is in a fiduciary relationship with his or her clients, and as such, has an ethical and legal responsibility to act in the client's best interest. In therapeutic relationships, the occupational therapist acknowledges his or her position of power, recognizes that the client's trust is both delicate and a privilege, demonstrates respect for the client, and ensures that the occupational therapist's personal opinions, beliefs, and values do not affect the care provided. Additionally, the occupational therapist demonstrates empathy, balancing the ability to remain objective with sensitivity regarding issues of personal closeness and/or disclosure that arise during the course of treatment. Finally, the occupational therapist uses professional judgment to adapt his or her approach, meeting professional responsibilities in the most appropriate manner for a given situation (p. 7).

# Practice Standards for Preventing Sexual Misconduct

## Overview, continued



Sexual misconduct is a serious boundary violation and is considered professional misconduct. It is an abuse of the occupational therapist's power in the therapeutic relationship. As such, significant harm can come to the client, occupational therapist, and occupational therapy profession.

Acts of professional misconduct are subject to disciplinary action. The College will formally investigate all allegations of sexual misconduct made against an occupational therapist, and when warranted, take appropriate disciplinary action.

The College recognizes the sensitive nature of allegations of sexual misconduct and the potential vulnerability of clients who lodge such complaints. The College provides an accessible process that is fair to all parties, sensitive to their needs, and in compliance with its governing statute, the *Health Professions Act*. Occupational therapists may be under criminal investigation for alleged sexual misconduct at the same time they are investigated by the College.

# Practice Standards for Preventing Sexual Misconduct

## Definitions



**Boundary violation** is “when the nature of the therapeutic relationship moves from professional to also being personal [and nontherapeutic], such that harm can come to the client”, occupational therapist, or occupational therapy profession (COTO, n.d., p. 14).

**Dual relationship** occurs when an occupational therapist enters into both a personal and a professional relationship with an individual. Examples include when an occupational therapist treats a friend, colleague, family member, partner, or spouse.

**Fiduciary duty** means the legal duty to act solely in the client’s best interest.

**Patient\*** means an individual, family, group, or organization receiving care or services from a registered occupational therapist and includes a client or consumer.

**Professional boundary** is “the implicit or explicit demarcation separating the professional relationship with a client from one that is personal” (COTO, 2015, p. 4). Boundaries make relationships professional and safe for the client (COTBC, 2006a).

\*The word “patient” has been used here to support consistency with language presented in the *Health Professions Act*. “Patient” is synonymous with “client” in these standards.

# Practice Standards for Preventing Sexual Misconduct

## Definitions, continued



**Sexual misconduct** means professional misconduct of a sexual nature, including

1. sexual intercourse or other forms of physical sexual relations between the occupational therapist and the patient,
2. touching of a sexual nature of the patient by the occupational therapist, or
3. behaviour or remarks of a sexual nature by the occupational therapist towards the patient.

Professional misconduct of a sexual nature does not include touching, behaviour, and remarks by an occupational therapist to a patient that are of a clinical nature appropriate to the service being provided.

**Therapeutic relationship** is “a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy and mutual respect” (Cole & McLean, 2003, p. 49).

# Practice Standards for Preventing Sexual Misconduct

## References & Resources



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# Practice Standards for Preventing Sexual Misconduct

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# Practice Standards for Preventing Sexual Misconduct

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**College of  
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**COTBC Practice Standards for  
Preventing Sexual Misconduct, 2017**

# **Practice Standard #1: Recognizing Sexual Misconduct**

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# Practice Standards for Preventing Sexual Misconduct



## Practice Standard #1: Recognizing Sexual Misconduct

### Principle Statement:

The occupational therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing occupational therapy services.

### Practice Expectations

The occupational therapist must do the following:

1. Recognize that a power imbalance in the therapeutic relationship exists and that the trust inherent in the relationship can lead to nontherapeutic dependence or vulnerability on the part of the client.
2. Assume responsibility for anticipating, establishing, maintaining, and communicating appropriate professional boundaries with clients, regardless of the client's actions, consent, or participation.
3. Recognize types of sexual misconduct.
4. Recognize any personal or professional risk factors that may make the occupational therapist vulnerable to boundary crossings or violations (e.g., his or her own physical and mental health, personal stressors, social or professional isolation, loneliness, or lack of knowledge about professional boundaries).

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# Practice Standards for Preventing Sexual Misconduct



## Practice Standard #1: Recognizing Sexual Misconduct, continued

### Principle Statement:

The occupational therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing occupational therapy services.

### Practice Expectations, continued

5. Monitor the occupational therapist's own warning signs and psychological, emotional, and physical reactions that may indicate an emerging professional boundary issue of a sexual nature, such as
  - selecting a client based on looks, age, or social standing;
  - providing increased attention or continued therapy when not professionally required;
  - disclosing information about his or her personal situation when not with the intent of benefiting the client or the therapeutic relationship;
  - being preoccupied with the client's social life outside the therapeutic relationship;
  - looking forward to physical contact with the client and feeling betrayed if the client pulls back;
  - dressing differently for specific clients;
  - experiencing discomfort or defensiveness when discussing or documenting client interactions; or
  - receiving feedback that others perceive potential boundary issues with the client.

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# Practice Standards for Preventing Sexual Misconduct



## Practice Standard #1: Recognizing Sexual Misconduct, continued

### Principle Statement:

The occupational therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing occupational therapy services.

### Practice Expectations, continued

6. Monitor the client and the therapeutic relationship for warning signs that may indicate an emerging professional boundary issue, such as the client
  - discovering a dual relationship during the course of treatment,
  - pulling away when touched neutrally or indicating jealousy regarding physical contact,
  - disclosing more personal information than necessary,
  - inviting the occupational therapist to social or personal events or to be friends on social media platforms, or
  - appearing to be sexually attracted to the occupational therapist.
7. Recognize risks within the occupational therapist's practice context in relation to the potential for sexual misconduct (e.g., providing sexual education, supporting self-care activities of a private nature, or providing service in a more intimate setting such as a bedroom).

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# Practice Standards for Preventing Sexual Misconduct



## Practice Standard #1: Recognizing Sexual Misconduct, continued

### Principle Statement:

The occupational therapist will understand what constitutes sexual misconduct and recognize warning signs that become apparent during the course of providing occupational therapy services.

### Practice Expectations, continued

8. Consider feedback from others who may perceive a professional boundary issue of a sexual nature.
9. Seek proper advice when uncertain whether there is a professional boundary issue of a sexual nature.
10. Identify any professional boundary–related policies and procedures within the occupational therapist’s workplace.



**College of  
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**COTBC Practice Standards for  
Preventing Sexual Misconduct, 2017**

**Practice Standard #2:  
Avoiding Sexual Misconduct**

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# Practice Standards for Preventing Sexual Misconduct

## Practice Standard #2: Avoiding Sexual Misconduct



### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

### Practice Expectations

The occupational therapist must do the following:

1. Respect the privacy and dignity of the client at all times.
2. Establish, maintain, and communicate professional boundaries with the client, his or her family, and other stakeholders in both clinical and nonclinical settings.
3. Advise the client that his or her consent does not make professional boundary violation permissible (e.g., client cannot provide consent to enter into a sexual relationship or a situation that may lead to a sexual relationship with the occupational therapist).

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# Practice Standards for Preventing Sexual Misconduct

## Practice Standard #2: Avoiding Sexual Misconduct, continued



### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

### Practice Expectations, continued

4. Have sufficient knowledge of how various cultural, religious, racial, ethnic, and language factors affect professional boundaries (e.g., impact of culture and religion on touching).
5. Modify the practice setting or therapeutic approach to minimize any identified or emerging professional boundary concerns of a sexual nature (e.g., ask the client whether he or she would like to invite a family member to attend, drape the client appropriately, dress appropriately, provide therapeutic rationale if offering services outside traditional practice settings, or create private professional treatment spaces).

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# Practice Standards for Preventing Sexual Misconduct

## Practice Standard #2: Avoiding Sexual Misconduct, continued



### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

### Practice Expectations, continued

6. Touch clients in a therapeutic manner only, and obtain and maintain informed consent when completing interventions that involve touching or that could be misconstrued to be of a sexual nature. This includes but is not limited to explaining the nature of or reason for the therapeutic intervention and the rationale or purpose of any touching, and documenting the discussion. (Refer to *Obtaining Consent to Occupational Therapy Services*.)
7. Refrain from making remarks that could be construed by the client as seductive, sexually demeaning, or disrespectful.

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## Practice Standards for Preventing Sexual Misconduct

### Practice Standard #2: Avoiding Sexual Misconduct, continued



#### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

#### Practice Expectations, continued

8. Avoid special or discriminatory treatment towards a particular client, such as
  - making exceptions in scheduling client appointments (e.g., special after-hours appointments when not clinically indicated);
  - providing personal telephone numbers or other means of nonprofessional contact (e.g., personal social media pages or email addresses);
  - receiving or exchanging gifts (refer to *Practice Standards for Conflict of Interest*); and
  - completing for clients activities that do not conform to the therapeutic relationship.

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## Practice Standards for Preventing Sexual Misconduct

### Practice Standard #2: Avoiding Sexual Misconduct, continued



#### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

#### Practice Expectations, continued

9. Avoid participating in activities or establishing therapeutic relationships where the occupational therapist's objectivity, judgment, or competence could reasonably be expected to be impaired because of his or her present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationships. For example, avoid entering into dual relationships with his or her own partner or past romantic partners, except in emergency or unavoidable situations, such as can occur when working in small, rural, or remote communities.

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# Practice Standards for Preventing Sexual Misconduct

## Practice Standard #2: Avoiding Sexual Misconduct, continued



### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

### Practice Expectations, continued

10. Never enter into nontherapeutic relationships that could adversely affect an existing therapeutic relationship, or otherwise compromise the occupational therapist's objectivity, judgment, or competence. Examples include entering into nontherapeutic relationships with any of the following:
  - A current client.
  - A former client, unless it can be established that sufficient time has passed since the professional relationship ended and that it will not be reestablished. If the care provided involves an especially vulnerable client, the occupational therapist should never enter into a personal relationship with the client.
  - A client's parent, a colleague's client, or a client receiving care in the same service or area of practice.

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## Practice Standards for Preventing Sexual Misconduct

### Practice Standard #2: Avoiding Sexual Misconduct, continued



#### Principle Statement:

The occupational therapist will take action to prevent circumstances that may lead to sexual misconduct.

#### Practice Expectations, continued

11. Provide colleagues with feedback if the potential for a professional boundary issue of a sexual nature is identified.
12. Apply any workplace policies and procedures related to therapeutic relationships or professional boundaries. Where they do not exist or are insufficient, advocate for or participate in their development as able (e.g., policies related to consent, gift giving, dual relationships, and nontherapeutic interactions with clients).
13. Seek proper guidance if there are concerns about professional boundaries of a sexual nature.



**College of  
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**COTBC Practice Standards for  
Preventing Sexual Misconduct, 2017**

**Practice Standard #3:  
Addressing Concerns Related to  
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# Practice Standards for Preventing Sexual Misconduct

## Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct



### Principle Statement:

The occupational therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

### Practice Expectations

The occupational therapist must do the following:

1. Accept accountability for a professional boundary violation as it occurs, including sexual misconduct.
2. Seek proper assistance as required.
3. Discuss any identified potential professional boundary issues or concerns with the client (e.g., those encountered when entering into an unavoidable dual relationship).

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## Practice Standards for Preventing Sexual Misconduct

### Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct, continued



#### Principle Statement:

The occupational therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

#### Practice Expectations, continued

4. Clarify roles and reestablish professional boundaries, if possible.
5. Obtain and revisit informed consent, acknowledging that there are circumstances when it is never acceptable to cross a professional boundary despite the client's consent.
6. Document the circumstances including an account of why a dual relationship is unavoidable (if applicable), risk assessment, precautions taken, plan, client reactions, and informed consent process.

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## Practice Standards for Preventing Sexual Misconduct

### Practice Standard #3: Addressing Concerns Related to Potential Sexual Misconduct, continued



#### Principle Statement:

The occupational therapist will take action to address any concerns related to sexual misconduct identified within his or her own practice.

#### Practice Expectations, continued

7. Where there is a potential or actual professional boundary issue that cannot be adequately resolved, arrange for care by another occupational therapist or appropriate health care professional, and end the client relationship, ensuring that the client is not adversely affected during this process.
8. Follow duty to report obligations and report in writing to the appropriate regulatory body if there is good reason to believe that a health professional has engaged in sexual misconduct. If concerns about sexual misconduct are based on information from a client, the occupational therapist must first obtain the client's consent before making a report. If the client does not have the capacity to consent to health care treatment, the occupational therapist must obtain the consent of the client's parent, guardian, or substitute decision maker.



**College of  
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**COTBC Practice Standards for  
Preventing Sexual Misconduct, 2017**

**Risk Assessment and Management**

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# Practice Standards for Preventing Sexual Misconduct

## Risk Assessment and Management



Risk management is “nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm” (Health and Safety Executive, 1999, p. 1).

The occupational therapist can benefit from using a risk management approach to assist him or her in recognizing, avoiding, and addressing professional boundary violations, including potential sexual misconduct.

# Practice Standards for Preventing Sexual Misconduct

## Risk Assessment and Management, continued



### Step One: Identify Potential Risk Factors

Risk factors are circumstances and/or facts that influence the probability of sexual misconduct occurring and the impact.

#### Client's Presentation and Vulnerability

- Highly complex and/or unstable client condition (e.g., physical, mental, or spiritual).
- Client's varying capability to direct care and give informed consent.
- Discussions of a sensitive, highly personal, or intimate nature (e.g., self-care or sexual activity).
- Cultural and lifestyle values and beliefs regarding personal privacy and unconditional compliance to authority.
- Dual relationships.

#### Therapeutic Relationship

- Power imbalance and occupational therapist's ability to influence course of treatment or services.
- Client-centred approach and disclosure of occupational therapist's personal information.
- Mentoring or coaching approaches that may not be interpreted as therapy.

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# Practice Standards for Preventing Sexual Misconduct

## Risk Assessment and Management, continued



### Step One: Identify Potential Risk Factors, continued

#### Practice Setting and Environmental Conditions

- Lack of availability of other occupational therapists to provide care or discuss issues or seek feedback from.
- Existing social norms related to professional boundaries and relationships.
- Occupational therapy treatment delivered outside traditional health centre environments.
- Lack of privacy in treatment or service area.
- Lack of workplace policies and procedures.

#### Occupational Therapist's Skills and Knowledge

- Difficulty identifying whether client may have impaired capacity.
- Lack of knowledge of current, relevant legislation.
- Lack of clinical knowledge.
- Difficulty communicating with client, client representative, or other stakeholders.
- Lack of familiarity with workplace policies and procedures.
- Lack of knowledge of various cultural or social norms related to therapeutic relationships and professional relationships.
- Challenges establishing and maintaining professional boundaries.
- Difficulty recognizing signs and symptoms of potential professional boundary issues or accepting or incorporating feedback.
- Limited experience with documentation procedures.

# Practice Standards for Preventing Sexual Misconduct

## Risk Assessment and Management, continued

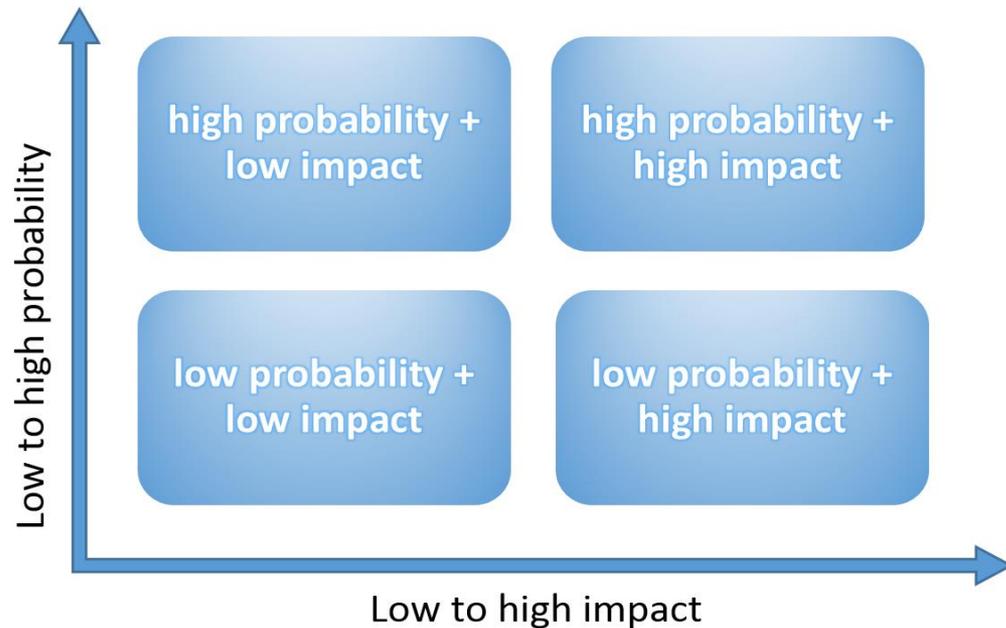


### Step Two: Consider the Probability and Severity of Impact

Once the factors are identified, the occupational therapist assesses

1. the probability of each risk (i.e., how likely is it); and
2. the negative impact (i.e., what degree of harm could the risk cause the client).

The risks can be classified from low probability and low impact to high probability and high impact.



## Practice Standards for Preventing Sexual Misconduct

### Risk Assessment and Management, continued



#### Step Three: Take Action

It is the occupational therapist's responsibility to foster a therapeutic relationship as well as recognize, prevent, and manage professional boundary issues, including ones of a sexual nature. The goal in this third step is to choose actions or precautions that help minimize the risks as much as possible.

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## Practice Standards for Preventing Sexual Misconduct

### Risk Assessment and Management, continued



### Step Three: Take Action, continued

**In the case of recognizing, avoiding, and addressing concerns related to potential sexual misconduct, actions could include but are not limited to the following:**

- Encouraging the client to invite a family member or partner to occupational therapy sessions.
- Learning about various cultural and lifestyle values and strategizing acceptable professional actions.
- Identifying appropriate professional boundaries with the client.
- Avoiding dual relationships.
- Establishing a professional network for seeking credible advice, feedback, and support.
- Informing the client about alternative treatment options.
- Referring a client or potential client to an alternative occupational therapist and/or service when there is concern about the ability to maintain professional boundaries.
- Creating private professional spaces for delivering occupational therapy services.
- Becoming familiar with relevant legislation and statutes (i.e., *Health Professions Act*).
- Reviewing existing workplace policies and procedures and participating in their development where they are absent or insufficient.

## Practice Standards for Preventing Sexual Misconduct

### Risk Assessment and Management, continued



#### Step Four: Record Your Actions

The risk management process is dynamic and ongoing throughout the care continuum.

It is important to record the risk management actions taken, to demonstrate that precautions were taken to protect the client from harm and minimize risk.



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**Practice standards in this series: *Preventing Sexual Misconduct* (2017)**

- 1. Recognizing Sexual Misconduct**
- 2. Avoiding Sexual Misconduct**
- 3. Addressing Concerns Related to Potential Sexual Misconduct**

For more information regarding this series of practice standards, or other practice supports, please contact the College at [practice@cotbc.org](mailto:practice@cotbc.org) or  
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