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

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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 Standard #2: Avoiding Sexual Misconduct, continued

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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 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 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 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 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.