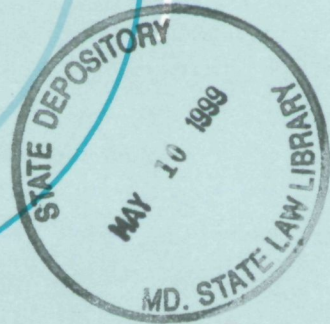


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BROKEN BOUNDARIES

Sexual Exploitation in the
Professional-Client
Relationship



ANSWERS TO CONSUMERS' QUESTIONS

BROKEN BOUNDARIES

SEXUAL EXPLOITATION IN THE PROFESSIONAL-CLIENT RELATIONSHIP

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INTRODUCTION

BROKEN BOUNDARIES: SEXUAL EXPLOITATION IN THE PROFESSIONAL-CLIENT RELATIONSHIP

Most health care providers and clergy are responsible, ethical professionals who work for the benefit of their clients. However, sometimes professionals may have problems of their own, which can result in impaired judgement and may lead them to become sexually involved with their patients.

Recognizing that sexual misconduct has negative consequences for all involved, the Maryland General Assembly and the Governor established the Task Force to Study Health Professional-Client Sexual Exploitation. The Task Force conducted an extensive study of this problem and developed recommendations for preventing and addressing sexual misconduct in Maryland. One of the Task Force's recommendations was to educate health care consumers about appropriate boundaries in professional relationships.

When the Task Force completed its study, the Secretary of Health and Mental Hygiene established the Committee to Implement the Recommendations of the Task Force to Study Health Professional-Client Sexual Exploitation. Because consumer education was among its highest priorities, the Implementation Committee has prepared this informational booklet under the sponsorship of the Department of Health and Mental Hygiene (DHMH).

The Department of Health and Mental Hygiene is committed to improving health care consumers' access to quality services. In support of this important goal, DHMH is providing this booklet to answer questions consumers may have about appropriate sexual boundaries in professional relationships and to explain the steps that can be taken should a consumer feel that a professional is behaving or has behaved inappropriately.

If you are a health care consumer and you have a question or concern about the behavior of your health care professional, we urge you to seek help and guidance from one of the resources listed at the end of this booklet.



WHAT IS MARYLAND LAW REGARDING SEXUAL MISCONDUCT IN THE PROFESSIONAL-CLIENT RELATIONSHIP



The Maryland General Assembly passed Senate Bill 495 during the 1998 Legislative Session. This law makes sexual misconduct a specific cause for disciplinary action against health professionals. This means that, according to Maryland law, client sexual exploitation is unethical and improper. The law also provides a minimum definition of sexual misconduct that is applicable to all health professions; however, the law also recognizes that there are some variations about what constitutes sexual exploitation in different professions.

WHAT IS SEXUAL MISCONDUCT?



Sexual misconduct, also called sexual exploitation, is inappropriate sexual behavior toward a client by a helping professional. Helping professionals include psychotherapists (psychiatrists, psychologists, social workers, mental health counselors, substance abuse counselors, pastoral counselors, etc.), other health care professionals (physicians, dentists, chiropractors, physical therapists, etc.) and clergy members (priests, ministers, rabbis, etc.).

The Maryland Task Force To Study Health Professional-Client Sexual Exploitation has identified three types of sexual misconduct:

➔ **Therapeutic deception**—a helping professional asserts or implies that sexual contact is a legitimate form of treatment.

EXAMPLE: *A counselor tells a client that having sex with him or her will help the client overcome problems with intimacy.*

➔ **Non-bona fide treatment**—a helping professional examines or treats a patient in a way that involves sexual contact, but there is no legitimate reason for the procedure or the procedure falls outside of reasonable health care practices.

EXAMPLE: *A dentist fondles a patient's breasts while the patient is under anesthesia; a chiropractor examines a patient's genitals.*

➔ **Sexually exploitative relationship**—sexual contact occurs between a helping professional and client in a relationship that, on the surface, may appear to be mutually consensual, but the patient's role make it impossible for her or him to give meaningful consent.

EXAMPLE: *A physician forms a sexual relationship with a patient he/she has been treating for a long-term illness. A psychotherapist ends counseling with a client to begin a sexual relationship.*

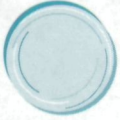
Sexual misconduct may include, but is not limited to:

- ◆ romantic or sexual conversation that is not a part of legitimate treatment
- ◆ suggestions to have sexual involvement
- ◆ misrepresenting sexual acts as part of treatment
- ◆ sexual contact—whether in the office or outside of treatment

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Broken boundaries : sexual
exploitation in the profe-

WHY IS SEXUAL CONTACT BETWEEN A HELPING PROFESSIONAL AND A CLIENT CONSIDERED MISCONDUCT?



By its nature, the relationship between helping professionals and their clients is unequal. Trusting that professionals have their best interests at heart, clients become vulnerable in the health care setting—for example, by sharing intimate details of a personal problem, disrobing, taking medication or anesthesia, or undergoing a physical examination or procedure.

Because they depend on professionals' trustworthiness, knowledge, and authority, clients tend not to question a professional's judgement or behavior. This places the professional in a position of power and can make the client susceptible to exploitation.

Clients may admire—or even feel romantic or sexual attraction toward—a helping professional who appears to be knowledgeable and caring. Because the patient looks up to and trusts the professional, such feelings are normal. However, the professional has a responsibility to control the boundaries of the relationship and to ensure that sexual activity does not occur.

It has been well documented that many clients are harmed by sexual contact with their helping professional.

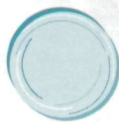
For all these reasons, sexual contact between a helping professional and a client is a misuse of power and a violation of the client's trust. Professional codes of ethics prohibit sexual activity with clients, and sexual relations with a health professional is never a legitimate form of treatment.

A NOTE ON PARAPROFESSIONALS: Some personnel in health care settings—such as direct care workers, nursing assistants, psychiatric technicians, certain types of counselors—are referred to as paraprofessionals. Like health care professionals, paraprofessionals are in a position of power in relation to clients and should not exploit them.

ARE ONLY WOMEN SEXUALLY EXPLOITED?

No. Both men and women can be sexually exploited.

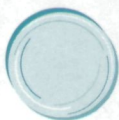
The most common pattern involves a male helping professional and a female client, but sexual misconduct can occur between a professional and client of the same gender or between a female professional and a male client.



WHAT ARE COMMON REACTIONS TO SEXUAL EXPLOITATION?

Each person will have a unique response, but many clients who have been sexually exploited say they have experienced:

- ◆ Confusion about the sexual activity (why did it happen? what does it mean? who was responsible?)
- ◆ Feeling cut off from others
- ◆ Reduced ability to trust
- ◆ Feelings of guilt and shame
- ◆ Difficulty concentrating
- ◆ Frequent thoughts about the sexual contact with the professional
- ◆ Anger or rage
- ◆ Anxiety or panic
- ◆ Depression
- ◆ Suicidal feelings
- ◆ Worsening of the problems that first prompted treatment



DO VICTIMS ALWAYS KNOW RIGHT AWAY THAT THEY HAVE BEEN HARMED BY SEXUAL CONTACT WITH A HELPING PROFESSIONAL?



No. *Some people who have been sexually exploited* and have problems may not realize that their distress is related to the experience. Others may not understand until many years have passed that they have been victimized and are reacting to the sexual exploitation.

Many victims blame themselves. Others have difficulty accepting that the helping professional has harmed them because they have positive feelings or mixed feelings toward the professional.

Although it is possible for a particular individual to be sexually involved with a helping professional and appear not to be harmed, negative reactions are common. In addition, sexual misconduct can have negative effects on others—such as spouses, significant others, families, and members of institutions with which the professional is affiliated (e.g., churches, synagogues, schools).

ARE THERE WARNING SIGNS THAT INDICATE THAT A HELPING PROFESSIONAL MAY BE CROSSING THE LINE?



Yes. *However, even though the warning signs* may seem evident afterwards, recognizing them as they are occurring can be difficult.

Danger signals include, but are not limited to:

- ◆ frequent or excessive sharing of personal information with clients
- ◆ personal intrusions into the client's life for non-professional reasons (e.g., phone calls at home, social visits)
- ◆ change of location for appointments from an acceptable place of business to a more personal or social location (e.g., meeting at a restaurant or bar)

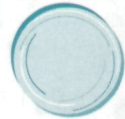
- ◆ introduction of alcohol or misuse of drugs in treatment
- ◆ excessive or prying questions about sexual issues that are not related to a legitimate professional purpose or that the client declines to discuss
- ◆ suggestive or seductive statements, dirty jokes, or other verbally demeaning statements
- ◆ request for secrecy
- ◆ physical contact or bodily exposure that is not part of legitimate treatment
- ◆ touching or requesting to be touched in a sexual manner

WHAT CAN I DO IF I HAVE BEEN SEXUALLY EXPLOITED OR BELIEVE I AM AT RISK OF EXPLOITATION?


You can take a number of steps:

- ◆ suspend further contact with the helping professional
- ◆ discuss your experiences with someone you trust
- ◆ seek professional services elsewhere
- ◆ learn about sexual exploitation and the available support services and resources in your area (read books and articles, talk with other clients who have been sexually exploited, consult with experts, contact local sexual assault centers)
- ◆ join a self-help support group
- ◆ write a letter of complaint to the health professional, counselor, or clergy member
- ◆ file a complaint with the appropriate professional board (see p.9 for contact information)
- ◆ file a civil lawsuit
- ◆ contact the Attorney General's Office to determine whether you have grounds for a criminal complaint
- ◆ recognize that you are not at fault

MOST IMPORTANT, DO NOT STAY IN A RELATIONSHIP IF YOU FEEL YOUR TRUST HAS BEEN VIOLATED.



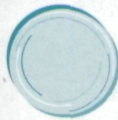
IF I ENJOYED THE INTIMATE ATTENTION AND DID NOT REJECT THE SEXUAL CONTACT, CAN I STILL FILE A COMPLAINT?



Yes. *Sexual misconduct by a psychotherapist*, physician, other health care professional, or clergy member is never permissible.

Even if the intimate behavior is perceived as initiated by the client, it is always the responsibility of the professional to maintain the boundaries and to ensure that sex does not enter the relationship.

WHAT ARE THE MARYLAND HEALTH OCCUPATION BOARDS, AND WHAT IS THEIR ROLE IN THIS PROBLEM?



The purpose of the Health Occupation Boards is to ensure that the highest quality health care is provided to the citizens of Maryland. The Boards issue licenses to practice in the State of Maryland. They also investigate complaints (of sexual misconduct and other improper behavior) and take disciplinary action against licensees when necessary. Both health professionals and consumer members serve on the Boards.

Each Board follows the ethical guidelines and standards of the profession it regulates, and guidelines on sexual misconduct vary from profession to profession.

If a health professional is found guilty of sexual misconduct, the Board may issue a reprimand, suspend or revoke his/her license to practice, or administer some other form of discipline.

HOW DO I PROCEED IF I DECIDE TO FILE A COMPLAINT WITH A HEALTH OCCUPATION BOARD?

Contact the appropriate Board (below) and request to file a complaint. You will be asked to submit your complaint in writing. Following review of your written complaint, you may be interviewed by an investigator from the Board or an attorney from the Maryland State Attorney General's Office. You may also be asked to explain your complaint to members of the Board or to an Administrative Law Judge during a hearing.


In investigating a complaint, the Boards follow a procedure that has been carefully designed to ensure that the rights of the accused health professional, as well as those of the person making the complaint, are safeguarded.

Health Occupations Boards include the following:

Acupuncturists	410-764-4766
Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists	410-764-4725
Chiropractors	410-764-4726
Dentists	410-764-4730
Dieticians	410-764-4733
Electrologists	410-764-4702
Medical: Physicians (including Psychiatrists) & Osteopaths	410-764-4777
Nurses	410-585-1900
Occupational Therapists	410-764-4728
Optometrists	410-764-4725
Pharmacists	410-764-4755
Physical Therapists	410-764-4752
Podiatrists	410-764-4785
Professional Counselors* and Marriage and Family Therapists	410-764-4732
Psychologists	410-764-4787
Social Workers	410-764-4788

**Some—but not all—pastoral counselors, career counselors, schools counselors, and expressive therapists (art, dance, music, drama therapists) may be Certified Professional Counselors. Beginning in 1998, Certified Addictions Counselors are regulated by the Board of Professional Counselors.*

WHAT IF I DON'T KNOW WHICH BOARD TO CALL?




If you are not sure which Board applies, call 410-764-4700, or write to Health Occupations Boards, 4201 Patterson Avenue, Baltimore Maryland, 21215, to determine which Board regulates the professional in question. You may also contact the DHMH Office of Community Relations at 410-767-6600 for assistance.

Some counselors and many paraprofessionals are not covered by any of the Boards. However, you may be able to get information about your options, including information on filing a complaint, from a professional association, employer, insurance carrier, or insurance administration.

Clergy and some pastoral counselors are not regulated by a Health Occupations Board, but you may be able to obtain assistance through a denominational governing body, such as a Diocese, Presbytery, Synod, or Conference.

Remember, only the Health Occupations Boards have the authority to take action against the license or certificate held by a professional, and the Boards have authority over only those professionals that are under their statutory control.

IS THERE ANYONE ELSE IN THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE WHO CAN HELP?



Yes. If you need assistance filing your complaint with the Health Occupations Board or you would like additional information or help, you may contact:

**DHMH/Office of Community Relations
410-767-6600**

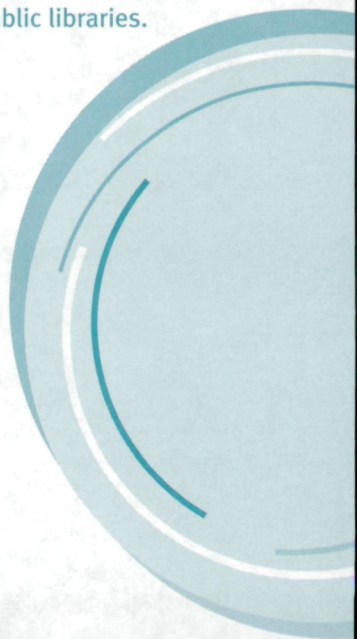
ARE THERE ANY OTHER RESOURCES ON SEXUAL EXPLOITATION?

Treatment Exploitation Recovery Network (TERN), a self-help group for people who have been exploited by helping professionals, offers information, support, and referral services. Call 410-265-6038 to speak with a TERN volunteer.

Helping Overcome Professional Exploitation (HOPE) maintains a website with extensive information that is helpful to consumers who have been sexually exploited. The Internet address is: www.advocateweb.com/hope.

(NOTE: If you do not have a personal computer or access to one, you can access the Internet through SAILOR, the State-wide telecommunications network found in Maryland's public library systems and in many school, college, and university libraries.)

Sexual Exploitation: Strategies for Prevention and Intervention—Report of the Maryland Task Force to Study Health Professional-Client Sexual Exploitation, a comprehensive resource document, is available for \$10.00 from DHMH (call 410-767-6600) or through the Maryland public libraries.



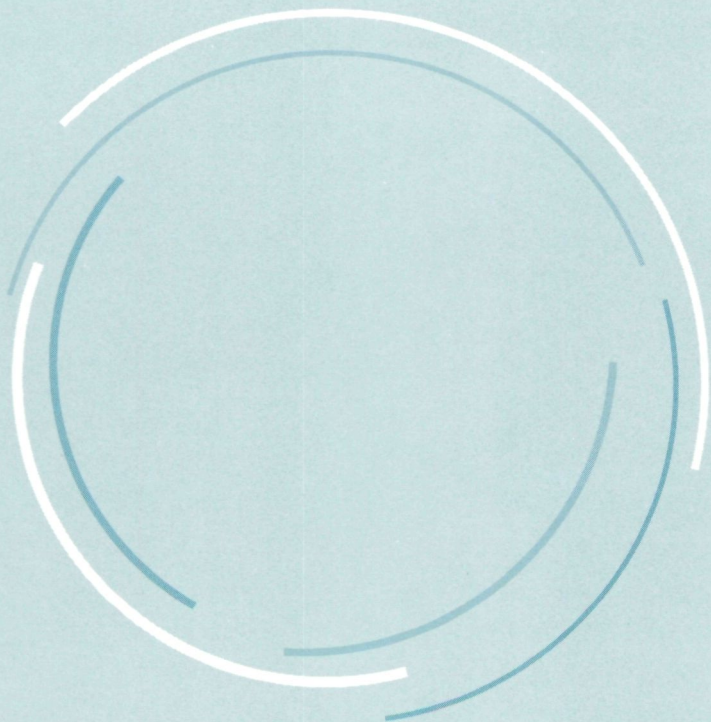
**THE COMMITTEE TO IMPLEMENT THE RECOMMENDATIONS
OF THE MARYLAND TASK FORCE TO STUDY
HEALTH PROFESSIONAL-CLIENT SEXUAL EXPLOITATION**

Senator Leonard Teitelbaum
Steven Bisbing, Psy.D., J.D.
Reverend Delores Brooks
Paul Ephross, Ph.D., LCSW-C
Shirley P. Glass, Ph.D.
Thomas Godwin, MA, CPC, CCDC
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MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Martin P. Wasserman, M.D., J.D., Secretary, DHMH
Parris N. Glendening, Governor

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