

Safeguarding Vulnerable Adults - Practice Guidance Note		
Sexual Boundaries – V02		
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## 1. Introduction

- 1.1 This practice guidance note (PGN) is a response to advice published by the Council for Healthcare Regulatory Excellence (CHRE) i.e. Clear Sexual

## Boundaries between Healthcare Professionals and Patients: Responsibilities of Healthcare Professionals: January 2008.

- 1.2 Its purpose is to promote the health, safety and well being of all adult patients, staff and other members of the public.
- 1.3 Within healthcare settings, patients can expect to be supported by committed staff who display high standards of professionalism and positive attitudes at all times. The Department of Health booklet (2010), 'SEE, THINK, ACT' on relational security, states that 'safe and effective relationships between staff and patients must be professional, therapeutic and purposeful with understood limits'.
- 1.4 This PGN is applicable to every employee of Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/CNTW) and clearly sets out the responsibilities of all healthcare staff in terms of well defined sexual boundaries with patients and their carers.
- 1.5 It will also specify what action must be taken if a breach of boundaries occurs or is suspected.
- **N.B. Children and Young People.** Any sexual contact or relationship between staff and service users in Children and Young People's Services is unacceptable and probably illegal and must be dealt with under the Trust's policy CNTW(C)04, Safeguarding Children Policy and Procedures.

## 2. Reasons why guidance on sexual boundaries is needed

- 2.1. Although the vast majority of healthcare staff work with dedication and integrity, a small minority of workers have seriously breached sexual boundaries with patients or carers. In some cases this has led to major investigations and national inquiries.
- 2.2. Information from CHRE's Sexual Boundary Violations Document 2007 cites the following on reported prevalence and incidences :-
- Between 38-52% of health professionals report knowing of colleagues who have been sexually involved with patients - although several professionals may be citing the same case. Self reporting rates are considerably lower
  - However, self reporting by health professionals acknowledges high levels of patient attraction
  - Between 22 and 26% of patients report having been sexually involved with a previous therapist or another practitioner

- The majority of reported sexual boundary violations involve male health practitioners and female patients/clients
- Greater professional guidelines and sanctions reduce prevalence

### 2.3 Impact of boundary violations:-

- The negative impact on survivors of professional sexual boundary violations or abuse can be considerable. Symptoms include:
  - post traumatic stress disorder
  - anger
  - a sense of betrayal and exploitation
  - guilt
  - self-blame
- High levels of dependency on the offending health professional, confusion and dissociation have been found.
- Younger patients and clients, and those with a previous history of sexual abuse are particularly vulnerable.

2.4 Most staff group's professional bodies are regulated and have a code of conduct- see Appendix 1. These all essentially say the same thing. For example: the Nursing and Midwifery Council (NMC), Code of Conduct, states: "You must at all times maintain appropriate professional boundaries in the relationship you have with patients and clients. You must ensure that all aspects of the relationship focus exclusively upon the needs of the patient or client".

2.5 However, there may be professions within the Trust which are not regulated and whose professional bodies may not meet the Professional Standards Authority for Health and Social Care standards. Nevertheless these principles and responsibilities still apply to all CNTW employees, including non-registered staff.

2.6 Information relating to the responsibilities of staff must be contained within the Staff Handbook and should be discussed at Trust Induction, Local Inductions, and in supervision sessions.

2.7 Staff must recognize and understand that they are in a position of power. This power must not be abused at any time. It is essential therefore that all interactions between patients and staff must be seen in terms of a professional relationship.

2.8 Staff must be aware of and adhere to agreed rules when carrying out therapeutic interactions, because there is a potential for positions of power to be abused and professional boundaries breached.

- 2.9 The Trust is clear that the responsibility to maintain such boundaries rests with individual staff who are personally accountable for ensuring the safety and well being of clients in their care.
- 2.10 Any behaviour which constitutes a breach of this responsibility will not be tolerated and will lead to formal disciplinary action.
- 2.11 Due to the nature of the Trust's patient groups e.g. people with manipulative or charismatic personality traits, some individual workers may also be vulnerable to exploitation. Staff should therefore be vigilant and be able to recognise any early warning signs indicating that a colleague is at risk (see Appendix 3).

### **3. Breaching of sexual boundaries - Definition**

- 3.1 Appropriate boundaries are based upon trust, respect and the appropriate use of power. A breach of sexual boundaries occurs when healthcare workers display sexualized behaviour towards a patient. Sexualized behaviour is defined as any acts, words or behaviour designed or intended to arouse or gratify sexual impulses or desire. An illustrated list of unacceptable sexual behaviours is in Appendix 2.
- 3.2 Breaches of sexual boundaries do not just include criminal acts such as rape or sexual assault, but cover a wide spectrum of behaviours, of varying seriousness, all of which can cause harm. The following list groups the main types of sexual boundary breaches in descending order of seriousness;
- Criminal sexual acts
  - Sexual relationships
  - Other sexually motivated actions towards patients such as sexual humour or inappropriate comments
- 3.3 Boundaries define the limits of behaviour, which allow a client and professional to engage safely in a therapeutic and caring relationship. These boundaries are based upon trust, respect and the appropriate use of power. The professional relationship should focus solely on meeting the needs of the client. By moving the focus of care away from meeting the needs of the patient, towards meeting the needs of staff is an abuse of power.

### **4. Acknowledging differences**

- 4.1 Cultural differences can affect people's perceptions of what is intimate or appropriate, as can communication and language difficulties. Staff must be sensitive to cultural differences and treat patients in a way that respects their views and wishes and preserves their dignity.
- 4.2 Staff should be aware that some patients may have specific difficulty in understanding / interpreting others' messages, especially subtle or potentially ambiguous ones. In particular people who have:
- Learning disability

- Mental illness
- Specific speech and language problems

4.2.1 The Trust therefore recognises that some patients will require additional support and extra care will be needed to ensure that misunderstandings do not occur.

4.2.2 Where individual patients do have particular needs an individualised communication care plan should be devised following discussion with the Multi-Disciplinary Team (MDT) and the patient themselves. This will be recorded in the patient's unified health records and all staff must be made aware of the contents to ensure consistency and transparency.

4.3 The Trust will provide patients with information related to sexual boundaries. This should include advice on how to keep themselves safe within a staff/patient relationship and what to do if they have concerns. This information should be in an accessible format dependant on the individual needs of each patient.

## **5. Acknowledging signs of sexual attraction**

5.1 All staff should be capable of reflecting, both in structured sessions and as part of self reflection, on their own thoughts, feelings and behaviours and understand how these could affect others.

5.1.1 They should be aware of the behavioural signs that might lead to a potential breach of professional boundaries. Examples of such precursors are documented in Appendix 3.

5.2 Clinical supervision and support must be offered to all staff as an appropriate forum to discuss any issue of sexual attraction.

5.3 When sexual feelings towards a patient give rise to anxiety and there is a concern regarding the effect on staff / patient relationships then staff should seek advice and help from a colleague or the appropriate professional body. (See section 7- re: reporting problems).

## **6. Sexual Behaviour with former patients**

6.1 Even after a professional relationship has ended, patients may continue to view their ex-carers as role models or significantly important figures in their lives.

6.2 Engaging in sexual behaviours with an ex-patient is highly problematic. Therefore this may lead to a potential ongoing power imbalance which may cloud the issue of consent. Conceivable consequences include the previously mentioned risks for the patient and possible damage to the health-workers' professional status.

6.3 Careful consideration and professional judgment should be brought to bear on the following before embarking on a sexual relationship with a former patient:

- How long the professional relationship lasted and when it ended

- The nature of the previous professional relationship and the extent of any power imbalance
- If the former patient was particularly vulnerable at the time of the professional relationship and whether that is still the case
- If the development of a sexual relationship depended on exploitation of any knowledge or influence acquired through the professional relationship
- Whether they are, or in the future are likely to be, treating other members of the ex-patient's family

6.4 If in any doubt about the appropriateness of a potential relationship, health care workers should seek advice from an appropriate professional body. In the event of any complaint, the responsibility will always be with the worker to prove that they have acted in a professional manner.

## 7. Reporting Problems

7.1 Employees should feel confident and be encouraged to raise issues or concerns relating to their own, or colleagues' feelings and performance as soon as possible without fear of being blamed or a negative outcome.

7.1.1. Having sought advice, if an individual staff member feels that they cannot remain professional or objective, it will be up to operational management to look at an appropriate course of action e.g. alternative work placement.

7.2. If a staff member is concerned about a colleague's behaviour, they have an ethical and professional duty (**They may not be a professional – e.g. admin, support staff, domestics**) to take immediate action and they should seek advice from a colleague, their line manager or professional body.

7.2.1. Managers should strive to resolve conduct / behaviour issues at a local level however, those involved in the process of dealing with staff misconduct should refer to the Trust's policy CNTW(HR)04, Disciplinary, as required, which sets out the process for managing serious / gross misconduct.

7.2.2. Should there be reason to suspect that rape, sexual assault or another criminal act has occurred it is the manager's duty to report this to the police.

7.3 If a patient is attracted to a staff member, an appropriate course of action must be taken to discuss the patient's feelings and attraction in a constructive manner and try to re-establish an appropriate relationship.

7.3.1. This will include the involvement of another staff member / team to ensure that boundaries are not breached and those potential risk factors are considered and addressed.

## 8. Sexual boundaries training

8.1 All healthcare staff will be given awareness training in respect of sexual boundaries. This will be service specific and start at induction.

8.2 Although this is a potentially sensitive topic, all staff need to be actively involved and the training must include the following learning outcomes:

- For staff to develop professional values and instil respect and dignity for all patients and their carers including how to achieve and maintain effective communication at all times.
- To ensure that staff have a clear definition of the term “sexual boundaries” and the potential impact of breaching them - including legal and professional implications.
- For staff to know how to recognise early warning signs and deal appropriately with sexual feelings and sexualised behaviours (their own and others’)
- To ensure that staff explore the difference between sexually inappropriate actions and rapport and trust within a therapeutic relationship (including the appropriate use of touch).
- That staff know the procedures to use if concerns are raised about other health workers displaying sexualised behaviour towards patients.
- For staff to develop an understanding of, and respect for, the different needs of patients, and an appreciation of how different cultural and religious values might effect boundary issues e.g. around chaperones; the use of acceptable touch. This may lead on to learning appropriate techniques for intimate and other examinations; history taking etc.
- For staff to be familiar with and adhere to relevant protocols and care plans, if intimate examinations or treatments are required, e.g. bathing a patient; administering enemas, applying creams and lotions etc.
- For staff to understand that some particularly vulnerable groups may struggle to interpret situations and are therefore more prone to breach boundaries.

## Appendix 1

## Regulatory bodies for healthcare professionals

Regulator	Website
<b>General Medical Council (GMC)</b> Regulates: All doctors in the UK	<a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
<b>Nursing and Midwifery Council (NMC)</b> Regulates: All nurses and midwives in the UK	<a href="http://www.nmc-uk.org">www.nmc-uk.org</a>
<b>Health &amp; Care Professions Council (HCPC)</b> Regulates: Health, psychological and social work professions	<a href="http://www.hcpc-uk.org">www.hcpc-uk.org</a>
<b>General Pharmaceutical Society (GPhC)</b> Regulates: Pharmacists and pharmacy technicians in the UK	<a href="http://www.pharmacyregulation.org.uk">www.pharmacyregulation.org.uk</a>
<b>General Chiropractic Council (GCC)</b> Regulates: Chiropractors in the UK	<a href="http://www.gcc-uk.org">www.gcc-uk.org</a>
<b>General Osteopathic Council (GOsC)</b> Regulates: Practice of Osteopathy in the UK	<a href="http://www.osteopathy.org.uk">www.osteopathy.org.uk</a>
<b>General Dental Council (GDC)</b> Regulates: Dental professions in the UK	<a href="http://www.gdc-uk.org">www.gdc-uk.org</a>
<b>General Optical Council (GOC)</b> Regulates: Optometrists and dispensing opticians in the UK	<a href="http://www.optical.org">www.optical.org</a>



## Appendix 2

### Examples of sexualised behaviour by healthcare professionals towards patients or their carers

This includes:

- **Unprofessional conduct**
  - asking for or accepting a date
  - unplanned home visits with sexual intent
  - accessing the records of a patient or family member in order to obtain unnecessary personal information
  - taking or keeping photographs of the patient or their family that are not clinically necessary
  
- **Inappropriate behaviour during physical examinations**
  - watching a patient undress (unless a justified part of the examination)
  - clinically unjustified physical examinations
  - unnecessary exposure of the patient's body
  - intimate examinations carried out without the patient's explicit consent
  - continuing the examination or treatment when consent has been refused or withdrawn
  - internal examination without gloves
  
- **Inappropriate communication**
  - use of sexual or demeaning comments / humour
  - asking clinically irrelevant questions, relating to e.g. the patient's body; underwear; sexual performance
  - requesting details of their sexual history, orientation or preferences that are not necessary or relevant i.e. for monitoring purposes
  - staff telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details.
  
- **Overt sexual behaviour**
  - asking for, or accepting, an offer of sex
  - any act instigated by the healthcare professional for their own sexual gratification
  - the exchange of drugs or services for sexual favours
  - exposure of parts of the healthcare professional's body to the patient
  - sexual assault
  
- **This list is not exhaustive**

### Appendix 3

## Behavioural signs which may lead to a potential breach of professional boundaries

Every member of the Trust's staff has a responsibility to look out for, and safeguard, both patients and colleagues.

Although some boundary breaches are deliberate predatory acts, many occur when clinical relationships intensify and become personal.

There is a fine line between good clinical rapport and personal relationships. Staff need to be able to:

- Make the distinction between personal relationships and clinical rapport
- React and respond appropriately to their patients bearing in mind length and nature of association
- Recognize signs of over-familiarity within their own clinical relationships
- Recognize signs of over-familiarity within other's clinical relationships

There are a number of behaviours that could signal potential breaches of staff / patient boundaries or even violation. Some examples include:

- Unnecessary communications such as phoning patients between appointments – without a valid clinical reason.
- Appointments at unusual hours, not following normal patient appointment booking procedures or preferring a certain patient to have the last appointment of the day other than for clinical reasons
- Revealing intimate/personal details to a patient during a professional consultation or using a patient as a confidant
- Giving or accepting social invitations (including social networking e.g. facebook)
- Visiting a patient's home unannounced
- 'Missing' the patient between appointments and experiencing a sense of anticipation / excitement prior to seeing them again

Failure to recognise the signs of sexual attraction at an early stage and act appropriately could result in serious harm to patients and to the healthcare professional's career.