



Guidance on maintaining Sexual Boundaries

This guidance must be read in conjunction with The Code (2016) prepared by the General Chiropractic Council (GCC), which sets out standards for conduct, performance and ethics for chiropractors to ensure the competent and safe practice of chiropractic.

This guidance is not intended to cover every situation that you may face. However, it does set out broad principles to enable you to think through and act professionally, ensuring patient interest and public protection at all times.

To note: The GCC will review this guidance as necessary and update it as appropriate, and reapply the principles of the Code to any critical changes or new situations that may emerge

Standards within the Code with reference to sexual boundaries:

D1:

You must not abuse the position of trust which you occupy as a professional. You must not cross sexual boundaries

Other Standards in The Code that reinforce and link to the above:

D Establish and maintain a clear professional relationship with patients

D2 Be professional at all times and ensure you, and any staff you employ, treat all patients with equal respect and dignity.

D3 Explain the reason to the patient if there is a need for the patient to

remove items of clothing for examination; if that needs to happen, you must offer the patient privacy to undress and the use of a gown.

D4 Consider the need, during assessments and care, for another person to be present to act as chaperone; particularly if the assessment or care might be considered intimate or where the patient is a child or a vulnerable adult.

A2 Respect patients' privacy, dignity and cultural differences.

Chiropractors have a professional and ethical responsibility to ensure the safety and wellbeing of their patients.

The professional relationship between a chiropractor and a patient is dependent upon confidence and trust. It is your duty to uphold that trust and confidence. A patient must be able to trust that their chiropractor will provide the best possible care and act in their best interests. Patients must feel confident and safe so that they can be treated effectively and participate effectively in their care.

You must not display sexualised behaviour towards patients and/or their carers. Doing so can cause significant and enduring harm.

Sexualised behaviour is defined as acts, words or behaviour designed, intended to arouse or gratify sexual impulses or desires.

Sexual boundary breaches

A breach of sexual boundaries can seriously damage the reputation of, and confidence in, the chiropractic profession. A chiropractor who displays sexualised behaviour towards a patient undermines the profession, breaches trust, exploits a power imbalance, acts unprofessionally and may additionally, be committing a criminal act and be the subject of fitness to practise proceedings.

The following non-exhaustive list groups the main types of sexual boundary breaches:

- (i) Criminal sexual acts as governed by the law in England and Wales¹, Scotland², Northern Ireland³; the Isle of Man⁴ and the Channel Islands.

¹ Sexual Offences Act 2003, <http://www.legislation.gov.uk/ukpga/2003/42>

² Sexual Offences (Scotland) Act 2009, www.legislation.gov.uk/asp/2009/9

³ Sexual Offences (Northern Ireland) Order 2008, www.legislation.gov.uk/id/nisi/2008/1769

⁴ Sexual Offences (Amendment) Act 2006, [http://www.legislation.gov.uk/im/cms/images/phocadownload/Acts_of_Tynwald/Primary_2006/Sexual%20Offences%20\(Amendment\)%20Act%202006.pdf](http://www.legislation.gov.uk/im/cms/images/phocadownload/Acts_of_Tynwald/Primary_2006/Sexual%20Offences%20(Amendment)%20Act%202006.pdf)

- (ii) sexual relationships;
- (iii) other sexually motivated actions which may constitute an assault or sexual assault on patients such as unnecessary physical contact and inappropriate gestures, including unwarranted touching, hugging and kissing;
- (iv) other sexually motivated actions towards patients such as sexual humour or sexually inappropriate comments; and
- (v) inappropriate sexual remarks or conversations about patients to anyone in or outside of the workplace - including but not restricted to all types of social media.

Acknowledging the power imbalance

It is your responsibility to be aware of the potential for an imbalance of power between you and your patients, and to maintain professional boundaries.

You occupy a position of trust with respect to your patients. An imbalance of power is a feature of the chiropractor/patient relationship, although this may not be explicit. Patients often are or feel vulnerable when they require care. Chiropractors are in a position of power as they have access to the knowledge and any resources that the patient may need.

There are a number of factors within the treatment process which may generate a power imbalance, including, but not limited to:

- (i) a patient may have to share personal information;
- (ii) it is the chiropractor who influences the level of physical contact;
- (iii) it is the chiropractor who influences the number and regularity of treatments; and
- (iv) the chiropractor knows what constitutes appropriate professional practice whereas the patient may be in an unfamiliar situation and may not know what is appropriate in terms of physical interaction, treatment or sharing personal information.

Avoiding breaches of sexual boundaries

Chiropractors may find themselves sexually attracted to patients or their carers, or be in a situation where patients or their carers are sexually attracted to them.

It is your responsibility never to act on these feelings in order to prevent any harm that any such actions may cause, and to maintain the integrity of and confidence in the chiropractic profession.

Acknowledging signs of sexual attraction

There are a number of behaviours that may be indicators or interpreted as signs of showing sexualised, and therefore unprofessional, behaviour towards patients or carers.

These include:

- (i) revealing intimate personal details about oneself;
- (ii) giving or accepting inappropriate or unprofessional social invitations;
- (iii) visiting a patient's home without an appointment;
- (iv) meeting a patient outside of normal practice hours when no other staff/patients are present, or arranging appointments outside of the workplace for example at the patients home; and
- (v) asking questions that are unintended to be and are not related to the patient's health.

The above behaviours should be avoided. If a home visit is absolutely necessary for treatment it is important that you are aware of how your actions could be misinterpreted and that you act with the upmost professionalism at all times.

If you are sexually attracted towards a patient

If you are sexually attracted to a patient and are concerned that it may affect your professional relationship with them, you should ask for help and advice from a colleague or appropriate professional body in order to decide on the most professional course of action to take.

If, having sought advice, you do not believe you can remain objective and professional, you must:

- (i) find an alternative chiropractor for the patient;
- (ii) ensure a proper transfer to another chiropractor takes place; and
- (iii) transfer care in a way that does not make the patient feel that they have done anything wrong.

You must end a professional relationship with a patient if you pursue a personal relationship with them.

If a patient displays sexual attraction towards you

If a patient displays sexualised behaviour towards you, it is strongly recommended that you seek advice from a colleague or an appropriate professional body. An appropriate course of action might be to discuss the patient's feelings and attraction in a constructive manner in order to try to re-

establish a professional relationship. It is strongly recommended that a colleague be present when this discussion takes place.

If this is not possible, the patient should be transferred to an alternative chiropractor colleague for future treatment. Again advice should be sought from a colleague or a professional body.

Sexual relationships with former patients or their carers

Sexual relationships with any former patient or carer are often inappropriate however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will have involved an imbalance of power.

If you think that a relationship with a former patient might develop, you must seriously consider the possible future harm and potential impact on your own professional status. You must use your professional judgment and give careful consideration to the following:

- (i) how long the professional relationship lasted and how recently it ended;
- (ii) whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be considered vulnerable;
- (iii) the nature of the previous professional relationship and whether it involved a significant imbalance of power;
- (iv) whether an exploitation of power, trust or knowledge obtained whilst there was a professional relationship has influenced the development or progression of a sexual relationship; and
- (v) whether you are, or in future are likely to be, treating other members of the former patient's or carer's family.

If you are unsure whether you are, or could be seen to be, abusing your professional position, you should always seek advice from an appropriate professional body.

However consensual a relationship appears to be, if a complaint is made by the patient, or a disclosure of the relationship is made by anyone, the onus will always be on you to show that you have acted professionally by giving serious consideration to the points above in relation to the circumstances in question, and by seeking appropriate advice.

Disclosure of sexual boundary breaches

If you become aware that another professional has breached sexual boundaries

with a patient or carer, you have an ethical and professional duty to take action. Failure to take steps to prevent harm to a patient or carer may amount to misconduct by you and lead to fitness to practise action being taken against you.

You must:

- (i) alert the police, the GCC, and the chiropractor's employer where you have reason to believe that a sexual assault, rape or other potentially criminal act has occurred;
- (ii) report to the chiropractor's employer and/or the GCC in all other circumstances where you have reason to believe that there has been an instance of sexualised behaviour towards a patient.

Patient confidentiality should be respected wherever possible when reporting concerns and, wherever practical, you should seek the patient's consent to disclose any information (see separate Consent guidance and Confidentiality guidance).

Nevertheless, the safety of patients must always come first and must take precedence over maintaining confidentiality. If you are satisfied that it is necessary to identify the patient, and consent by the patient to do so is refused, you can still disclose the information if it is in the best interests and safety of the patient. You must inform the patient of your intention to disclose. If you are in doubt advice should be sought from a colleague or professional body.

Essential reading:

- *Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals*, PSA 2009, www.professionalstandards.org.uk/docs/psa-library/guidance-for-patients--clear-sexual-boundaries-with-health-professionals.pdf?sfvrsn=0
- *Hyperlinks to relevant legislation and important information*, GCC April 2015, www.gcc-uk.org/UserFiles/Docs/Legislation%20Relevant-Reference-Links-April15.pdf

Additional information:

- *Guidance on maintaining clear sexual boundaries*, GPhC, February 2012, www.pharmacyregulation.org/sites/default/files/GPhC%20Guidance%20on%20sexual%20boundaries.pdf
- *Maintaining a professional boundary between you and your patient*, GMC, 2013, www.gmc-uk.org/guidance/ethical_guidance/21170.asp