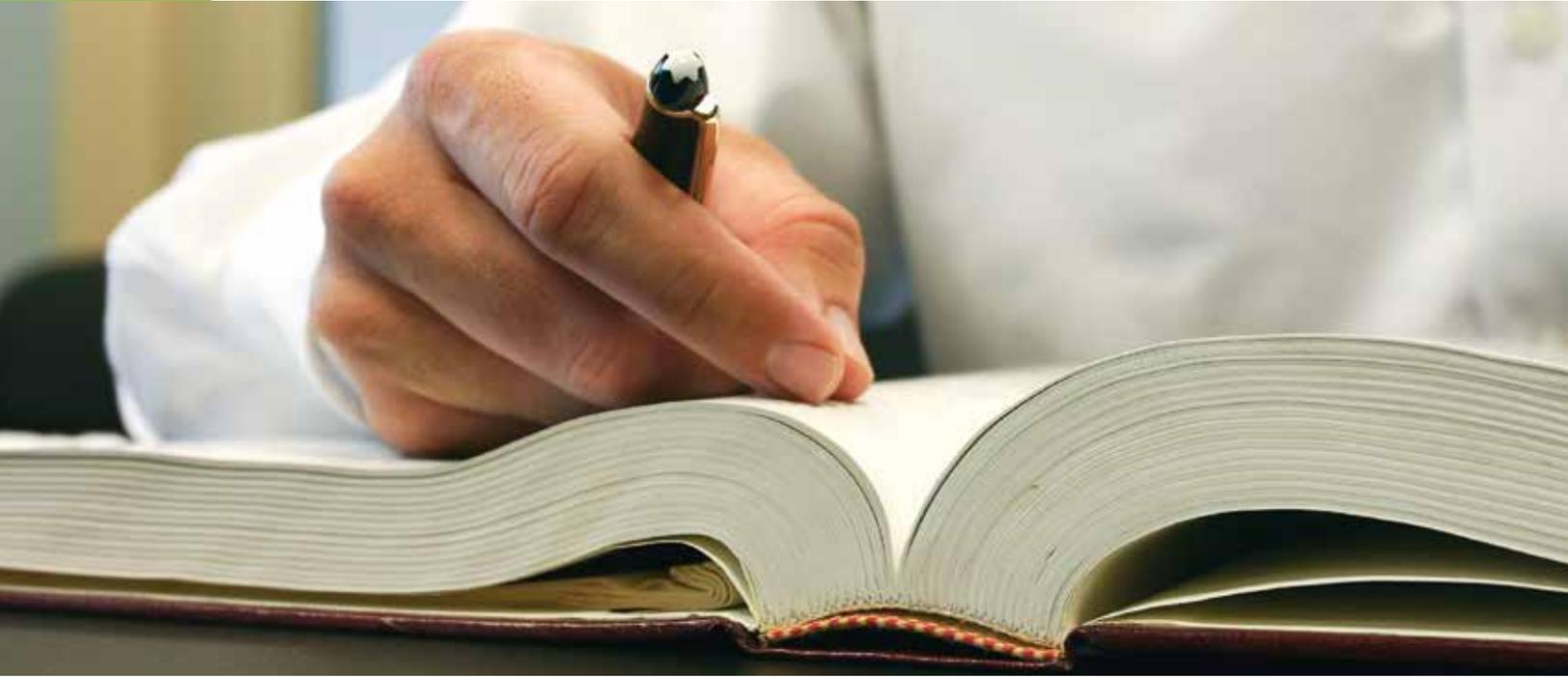




Practice Notes: The Slippery Slope to Sexual Misconduct: Be Informed, Be Aware

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Practice Notes is designed as an educational tool to help Ontario social workers, social service workers, employers and members of the public gain a better understanding of recurring issues dealt with by the Professional Practice Department and the Complaints Committee that may affect everyday practice. The notes offer general guidance only and members with specific practice inquiries should consult the College, since the relevant standards and appropriate course of action will vary depending on the situation.

SEXUAL MISCONDUCT

An alarming number of cases in which there are allegations of sexual abuse by a member against a client are coming before the College. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008* clearly states that "behaviour of a sexual nature by a College member toward a client represents an abuse of power in the professional relationship. College members do not engage in behaviour of a sexual nature with clients."¹ In addition, the Professional Misconduct regulation, made under the *Social Work and Social Service Work Act, 1998* defines the sexual abuse of a client, and the contravention of the standards of practice, as acts of professional misconduct. It is disturbing that individuals who elected to work in a helping profession would engage in the sexual abuse of clients, an egregious violation of boundaries. It is imagined that most, if not all of these individuals did not set out to sexually abuse a client and,

indeed, sexual misconduct is frequently preceded by other forms of boundary violations. A significant number of members have engaged in sexual relationships with clients or former clients, unaware of or ignoring the warning signs that preceded the conduct. How do we understand members putting themselves on this slippery slope? While there is no justification for their conduct, contributing factors may be that members are ill-informed about the standards of practice and/or heedless of their own needs and the feelings that lead them to violate boundaries. This article will illustrate how a series of boundary violations can lead to sexual misconduct and will identify members' responsibilities in ensuring that sexual abuse of clients does not occur.

SCENARIO 1

A social worker, whose well-established practice focuses on couples and families, begins to see a couple regarding their

1. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct.



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longstanding conflicts surrounding their differing parenting styles and attitudes towards money. The husband, a special needs educator, and wife, an accountant, contract with the social worker for eight sessions. At the end of the sessions, which are frequently turbulent, the couple, not having made progress in resolving their conflicts, decides to separate. Some 18 months later, the social worker and her former client, the educator, are invited by the local school board to co-lead a group for parents of youths with behavioural problems. The social worker believes that sufficient time has elapsed since the conjoint therapy ended and agrees to conduct the group with her former client. The group sessions are often demanding and the two begin to go out for coffee following the group sessions to debrief. They derive support from each other and soon their conversations turn to their own challenges as parents and their shared interests in cooking and gardening. They continue socializing together, going to concerts and out for dinner, cooking at each other's homes. Subsequently they become involved in a sexual relationship. The social worker's employer is alerted to the situation by the wife of the couple. The social worker's employment is terminated, and a report is made to the College.

In this situation, the social worker erroneously concluded that since some time had passed since therapy had concluded, it was acceptable to pursue a relationship with her former client. In fact, "[s]exual relations between College members and clients to whom the members have provided psychotherapy and/or counselling services are prohibited at any time following termination of the professional relationship."² The member also viewed her former client as a peer, and therefore not vulnerable, and thought that there was no risk of harm to him by engaging in a romantic and sexual relationship. This is a faulty belief. "College members are in a position of power and responsibility to all clients. This necessitates that care be taken to ensure that these clients are protected from the abuse of such power during and after the provision of professional services."³

In initially agreeing to co-lead the group with her former client, the social worker did not take into account that she was engaging in a dual relationship and potentially a conflict of interest in regard to both of her former clients. Members are reminded that they "do not engage in professional relationships that constitute a conflict of interest or in situations in which members ought reasonably to have known that the client would be at risk in any way."⁴ This is achieved by:

- "[E]valuating professional relationships and other situations involving clients or former clients for potential conflicts of interest and seeking consultation to assist in identifying and dealing with such potential conflicts of interest."⁵
- "[A]voiding conflicts of interest and/or dual relationships with clients or former clients ... that could impair members' professional judgement or increase the risk of exploitation or harm to clients."⁶

In reviewing this scenario, there are a number of red flags that preceded the sexual misconduct. These include:

- When the social worker decided to co-lead a group with a former client, she did not recognize that this would mean a dual relationship with him.
- Furthermore, she did not identify that she had two former clients and needed to assess her conflict of interest and possible risks in relation to both former clients, in order to make a sound decision about whether she should accept the invitation to co-lead the group.
- She did not maintain professional boundaries; e.g. in the post-group debriefings with her former client she disclosed personal information, which led to the development of a social and, subsequently, a sexual relationship with her former client.
- When faced with ethical dilemmas, she did not review the standards of practice to ensure she had an accurate understanding of her obligations as a College member.

2. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct, Interpretation 8.7

3. *Ibid.*, Principle II: Competence and Integrity, Interpretation 2.2.

4. *Ibid.*, Interpretation 2.2.1

5. *Ibid.*, Interpretation 2.2.1, i)

6. *Ibid.*, Interpretation 2.2.1, ii)



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- She did not seek consultation with a supervisor or the College.

SCENARIO 2

A social service worker is employed in a community centre which offers a range of services, including housing and employment support, information and referral, a food bank and a drop-in. Over time, she becomes familiar with the clients who regularly use the services of the centre. One such client suggests that they have coffee together, which they do on several occasions in the lounge of the community centre. There appears to be a mutual attraction and they discover they are both sports enthusiasts. The client invites the member to attend a hockey game with him at the local arena. She would like to accept his invitation, and would be interested in pursuing a relationship with him. She believes that because the client initiated the relationship, and not her, that she would not be acting in an unethical way. She also believes that her professional contact with the client was not significant and, therefore, that she would not be crossing any boundaries in establishing a romantic relationship with him.

Simply because the client initiated a relationship with the social service worker does not mean that she is relieved of her professional responsibility. The standards of practice state that “[i]f a client initiates behaviour of a sexual nature, the member states clearly that this behaviour is inappropriate by virtue of the professional relationship.”⁷ Further, “College members are solely responsible for ensuring that sexual misconduct does not occur.”⁸

As noted in Scenario 1, sexual relations between College members and clients to whom they have provided psychotherapy and/or counselling services are prohibited at any time. In addition, Principle VIII, Interpretation 8.8 states: “Sexual relations between College members and clients to whom the members have provided social work or social service work services, other than psychotherapy or counselling services, are prohibited for a period of

one year following termination of the professional relationship.” Although the social service worker believes that her professional contact with the client was “insignificant”, she would need to consider the definitions of psychotherapy and counselling to determine the nature of the social service work services she provided to the client:

“Psychotherapy services” are defined as any form of treatment for psycho-social or emotional difficulties, behavioural maladaptations and/or other problems that are assumed to be of an emotional nature, in which a social worker establishes a professional relationship with a client for the purposes of promoting positive personal growth and development.⁹

“Counselling services” are defined as services provided within the context of a professional relationship with the goal of assisting clients in addressing issues in their lives by such activities as helping clients to find solutions and make choices through exploration of options, identification of strengths and needs, locating information and providing resources, and promoting a variety of coping strategies, but do not include psychotherapy services.¹⁰

Although the social service worker may correctly conclude that she did not provide psychotherapy services, she would still need to carefully consider her role vis-à-vis the client, to determine if it falls within the definition of counselling services. Even if she determines she did not provide counselling services, she would be required to wait a year after her relationship with the client has terminated, before considering entering a sexual relationship; however, “even after the expiry of the one-year period ... sexual relations between a member and a former client will give rise to a dual relationship and create the potential for a conflict of interest.... Prior to engaging in sexual relations with a former client, a member must evaluate not only whether such relations are permitted under Principle VIII

7. The Code of Ethics and Standards of Practice Handbook, Second Edition 2008, Principle VIII: Sexual Misconduct, Interpretation 8.4

8. Ibid., Interpretation 8.1

9. Ibid., Footnote 6

10. Ibid., Footnote 7



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and Interpretation 8.8, but also whether they give rise to a dual relationship and/or conflict of interest, or may contravene any other Standard of Practice of the College.”^{11 12}

As in Scenario 1, the member was not clear on what the standards of practice require, nor did she consult a supervisor or the College. Reviewing the standards of practice and seeking consultation would have assisted her in making an ethical decision with a sound rationale.

SCENARIO 3

A young woman with a history of trauma, unstable relationships and self-harm begins to see a social worker in weekly psychotherapy. The client has had several previous unsuccessful attempts in psychotherapy, but seems to establish a good working relationship with the social worker. She tells the social worker that she feels at last she has found someone who understands her. The client struggles when they start to delve into painful material and appreciates when the social worker gives her a hug after particularly difficult sessions. The social worker is gratified that the client is making progress and when the client feels she needs more frequent contact, the social worker agrees to see her outside their weekly appointments, sometimes on weekends. When the client feels she needs contact when she's in crisis, she and the social worker begin texting each other, often in the evenings and on weekends. The social worker feels this additional contact helps the client cope until their next session.

The social worker has been experiencing a difficult time in her personal life, having recently dealt with a health scare and the loss of a beloved pet, with little support. She cares deeply about the client and begins to look forward to their contact. She raises her upcoming planned vacation with the client, concerned about the interruption in therapy. When the client learns that the social worker will vacation at a resort near the client's family cottage, the client suggests

that they meet at the cottage during the social worker's vacation. The social worker feels that ongoing contact would be beneficial to the client, but when she mentions this to a colleague, the colleague expresses concern about the social worker's inappropriate boundaries. The social worker feels her colleague is overreacting and decides not to mention the matter again, as in her view the optics don't reflect the reality of the positive therapeutic work the client and she are doing.

This scenario is fraught with warning signals. Of grave concern is the social worker's apparent lack of self-awareness. She is experiencing anxiety and loss in her personal life and has little support, which likely contribute to a feeling of vulnerability. Her gratification when the client tells the social worker she is the only one who understands her, in addition to the social worker's looking forward to seeing the client, are red flags that her own feelings are clouding the therapeutic relationship. It is imperative that "College members are aware of their values, attitudes and needs and how these impact on their professional relationships with clients."¹³ Additionally, members must "distinguish their needs and interests from those of their clients to ensure that, within professional relationships, clients' needs and interests remain paramount."¹⁴ In this scenario, it appears that the member's own needs are impacting her decisions in the therapeutic process, leading her to violate boundaries. It is vital that members "establish and maintain clear and appropriate boundaries in professional relationships for the protection of clients.... Members are responsible for ensuring that appropriate boundaries are maintained in all aspects of professional relationships."¹⁵

Setting appropriate boundaries in the helping relationship establishes the ground rules for working together, and is essential in a psychotherapeutic relationship. Although the social worker's task was to maintain those boundaries, she frequently violated them by, among other things,

11. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle VIII: Sexual Misconduct, Footnote 8.

12. The standards of practice should be reviewed in their entirety, however, Principle II: Competence and Integrity, Interpretations 2.2, and 2.2.1 to 2.2.4 are particularly relevant to conflict of interest and dual relationships.

13. *The Code of Ethics and Standards of Practice Handbook, Second Edition, 2008*, Principle I: Relationship with Clients, Interpretation 1.5

14. *Ibid.*, Interpretation 1.6

15. *Ibid.*, Principle II: Competence and Integrity, Interpretation 2.2



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scheduling extra sessions with the client, and having contact on weekends and after hours. The social worker also began to hug the client after difficult sessions. Members are reminded that they do not engage in “[t]ouching, of a sexual nature, of the client by the member,”¹⁶ defined as “physical contact of a sexual nature. It includes hugging, holding, patting, stroking, rubbing and any form of contact which is unnecessary to the helping process.”¹⁷ Although the social worker may not have felt the hugs were sexual in nature, they could certainly be construed as a boundary violation. Their meaning to the client was unclear, and therefore open to misinterpretation. The same can be said regarding the member’s disclosure to the client of her vacation plans. Non-sexual touch and self-disclosure are both highly risky, particularly in the context of other boundary violations; they should not be undertaken without careful thought and, ideally, discussion with a supervisor or experienced colleague.

It is disturbing that the social worker dismissed her colleague’s feedback regarding the inappropriate boundaries with her client, and decided not to discuss the matter again. It is crucial that “[a]s part of maintaining competence and acquiring skills in social work or social service work practice, College members engage in the process of self review and evaluation of their practice and seek consultation when appropriate.”¹⁸ Members may also find engaging in their own personal psychotherapy necessary and helpful.

In summary, the social worker in this scenario was experiencing stress in her personal life and was unaware of her own feelings and needs and how these impacted on her relationship with her client. She repeatedly missed red flags concerning the relationship and committed numerous boundary violations. Seeking consultation and/or engaging in her own therapy could have provided her with a safe place to explore issues and help her identify the slippery slope she was on.

SUMMARY

Despite clear statements in the Code of Ethics and Standards of Practice that sexual behaviour by a College member toward a client represents an abuse of power, some members do sexually abuse their clients. There often appears to be a slippery slope of behaviour that precedes the sexual abuse, in the form of other boundary violations, which those members ignore. Members should be aware that “[b]oundary violations include sexual misconduct and other misuse and abuse of the member’s power. Non-sexual boundary violations may include emotional, physical, social and financial violations.”¹⁹

Members are urged to ensure that they understand and apply the standards of practice, that they are aware of their own feelings and needs and how these may impact on their professional relationships, and that they consult with a supervisor, trusted colleague or the College. Doing so will assist them in avoiding the slippery slope and fulfilling their professional obligation to ensure that their client’s needs and interests remain paramount.

For more information, contact the Professional Practice Department at practice@ocswssw.org.

Please note that any references to the College’s Code of Ethics and Standards of Practice in this article refer to the second edition of the Standards of Practice. To access the most current Code of Ethics and Standards of Practice, visit the [College website](#).

This article was published in October 2016. On December 30, 2017, the controlled act of psychotherapy was proclaimed in force, at which time updates to Principles VII, VIII and the glossary in the Code of Ethics and Standards of Practice also came into effect.

16. Ibid., Principle VIII: Sexual Misconduct, Interpretation 8.2.2.

17. Ibid., Footnote 2.

18. Ibid., Principle II: Competence and Integrity, Interpretation 2.1.5

19. *The Code of Ethics and Standards of Practice Handbook, Second Edition 2008*, Principle II: Competence and Integrity, Interpretation 2.2