

## **SEXUAL EXPLOITATION OF PATIENTS**

Date adopted: July 27, 2019

Last updated: September 4, 2019

It is the position of the North Carolina Board of Chiropractic Examiners that sexual exploitation of a patient is unprofessional conduct undermines the public trust in the profession and harms patients both individually and collectively. Sexual behavior between a licensee and a patient is never diagnostic or therapeutic. Such behavior may be verbal or physical and may include expressions of thoughts and feelings or gestures that are sexual or that reasonably may be construed by the patient as sexual. The Board distinguishes between two types of professional sexual misconduct: sexual impropriety and sexual violation. Both types of sexual misconduct could constitute a basis for disciplinary action by the Board.

Sexual impropriety may comprise behavior, gestures, or communications, whether they be made in person, electronically or by other means, that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient, that may include, but are not limited to:

1. Neglecting to employ disrobing or draping practices respecting the patient's privacy, or deliberately watching a patient dress or undress;
2. Subjecting a patient to an intimate examination in the presence of medical students or other parties without the patient's informed consent or in the event such informed consent has been withdrawn;
3. Examination or touching of genital mucosal areas without the use of gloves;
4. Inappropriate comments about or to the patient, including but not limited to, making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation, making comments about potential sexual performance during an examination;
5. Using the DC-patient relationship to solicit a date or romantic relationship;
6. Initiation by the DC of conversation regarding the sexual problems, preferences, or fantasies of the DC;
7. Performing an intimate examination or consultation without clinical justification;
8. Performing an intimate examination or consultation without explaining to the patient the need for such examination or consultation even when the examination or consultation is pertinent to the issue of sexual function or dysfunction; and
9. Requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of examination or consultation.

Sexual violation may include physical sexual contact between a DC and patient, whether or not initiated by the patient, and engaging in any conduct with a patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

1. Sexual intercourse, genital to genital contact;
2. Oral to genital contact;
3. Oral to anal contact and genital to anal contact;
4. Kissing in a romantic or sexual manner;
5. Touching breasts, genitals, or any sexualized body part for any purpose other than

appropriate examination or treatment, or where the patient has refused or has withdrawn consent;

6. Encouraging the patient to masturbate in the presence of the DC or masturbation by the DC while the patient is present; and
7. Offering to provide practice-related services in exchange for sexual favors.