

College of Registered Psychiatric Nurses of British Columbia

Preventing Abuse, Neglect and Sexual Exploitation



Position Statement

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Introduction

Preventing Abuse, Neglect & Sexual Exploitation Position Statement of the College of Registered Psychiatric Nurses of British Columbia

The mission of the College of Registered Psychiatric Nurses is to serve and protect the public. The College of Registered Psychiatric Nurses is responsible through self-regulation to assure a safe, accountable and ethical level of psychiatric nursing practice. The College is accountable to the public through government regulation under the Health Professions Act.

As a health regulating body the College shall have a policy regarding all forms of abuse, neglect and sexual exploitation. This policy will be provided to all registrants of the College and will be shared with all consumers and stakeholders.

The practice of psychiatric nursing is guided by a set of values and beliefs that are included in the Code of Ethics, the Standards of Psychiatric Nurses and the expected Competencies.

At the core of psychiatric nursing practice is the therapeutic relationship between the client (individual, family, group and/or community) and the individual Registered Psychiatric Nurse. Establishing and maintaining a professional therapeutic relationship is the responsibility of the Registered Psychiatric Nurse.

This relationship is based on trust, respect, empathy and power. Any act of abuse or neglect by the registrant, whether it be sexual, physical, verbal, emotional, neglectful or financial is a betrayal of this relationship.

Definitions

Abuse

Abuse in our context is the misuse of power or the betrayal of trust, respect or intimacy between the nurse and the client that the nurse knows can cause, or be reasonably expected to cause, physical or emotional harm to a client. This includes all types of abuse of clients by nurses:

- ▶ physical
- ▶ verbal & non verbal
- ▶ emotional
- ▶ sexual
- ▶ financial
- ▶ neglect

Physical Abuse

Exhibiting behaviours towards clients that may be reasonably perceived by the client, nurse or others to be violent or to inflict physical harm. Such inappropriate behaviours include but are not limited to:

- ▶ Hitting
- ▶ Biting
- ▶ Scratching
- ▶ Pinching
- ▶ Pushing
- ▶ Slapping
- ▶ kicking
- ▶ shaking
- ▶ using force
- ▶ handling a client in a rough manner
- ▶ shoving
- ▶ choking

Neglect

Exhibiting behaviors towards clients that may be reasonably perceived by the client, nurse or others to be neglect. Neglect occurs when nurses fail to meet the basic needs of clients who are unable to meet these themselves. Such behaviors include, but are not limited to:

- intentional (deliberate) withholding of basic necessities or care, such as:
 - ▶ clothing
 - ▶ food
 - ▶ fluid
 - ▶ needed aids or equipment
 - ▶ medical care
 - ▶ nursing care
 - ▶ medication

- inappropriate activity such as:
 - withholding communication
 - confining, isolating or ignoring the client
 - denying the client care
 - denying the client privileges.

Sexual Abuse

Interacting with clients in a manner that may be reasonably perceived by the client, nurse or others to be of a sexual nature. The following are some examples of sexual exploitation and abuse:

- dating
- suggestions of sexual involvement
- sexual conversation
- unnecessary probing for sexual information
- failure to show respect for personal boundaries and need for privacy
- sexual contact ranging from inappropriate touching to intercourse and rape.

Financial Abuse

Taking actions that results in monetary, personal, or other benefit, gain or profit to the nurse or personal loss for the client. Such behaviours include, but are not limited to the following:

- borrowing money or property from a client
- misuse or theft of money or personal property
- withholding of finances through trickery or theft
- forced sale of home or possessions
- forced change of will
- influence, pressure or coercion to obtain the client's money or property
- abuse of trusteeship, bank accounts, powers of attorney or guardianship
- solicitation for compensation or reward.

Verbal Abuse/Non Verbal Abuse

Engaging in behaviours or making remarks towards clients that may be reasonably perceived by the client, nurse or others to be:

- ▶ demeaning, sexually or otherwise
- ▶ seductive
- ▶ suggestive
- ▶ exploitative
- ▶ insulting
- ▶ derogatory
- ▶ humiliating

Such behaviour or remarks include, but are not limited to:

- sarcasm
- swearing or foul language
- racial slurs
- teasing or taunting
- inappropriate tone and volume of voice
- rude non verbal mannerisms, posturing or gestures.

Psychological/Emotional Abuse

Using verbal and non-verbal behaviours that demonstrate disrespect for the client and that are reasonably perceived by the client, nurse or others to be emotionally abusive. Such verbal and non-verbal behaviours include, but are not limited to:

- ▶ manipulation
- ▶ sarcasm
- ▶ teasing or taunting
- ▶ retaliation
- ▶ inappropriate posturing or gestures
- ▶ intimidation
- ▶ insensitivity to the client's culture, race, religious practices, economic status, or education
- ▶ insensitivity to the client's preferences with respect to sex and family dynamics
- ▶ consciously deciding to withhold information that could contribute to the client's well-being.

Power

Registered Psychiatric Nurses often perceive themselves as allies of the client because of their responsibility to act as advocates for clients. At its core, however, the psychiatric nurse-client relationship is one of unequal power, in which the psychiatric nurse has authority, knowledge, access to privileged information, and influence. Regardless of the nature and context of the therapeutic relationship, and whether or not the Registered Psychiatric Nurse is the primary or secondary caregiver, these components are present.

Therapeutic Relationship

The basic premise of the nurse-client relationship is that it is therapeutic and based on the needs of the client. The nurse-client relationship is based on trust and respect.

A therapeutic relationship refers to a relationship intended to gain an understanding of the client's need for care, and to assist clients to set and implement goals for themselves, and to evaluate the outcome.

Guiding Principles

1. Abuse, neglect or sexual exploitation by the registrant of the College of Registered Psychiatric Nurses of British Columbia is considered gross misconduct.
2. The onus for maintaining the professional relationship is on the registrant, regardless of the client's behaviour.
3. The nurse must not use verbal or non-verbal behaviours that demonstrate disrespect for the client and that are reasonably perceived by the client to be emotionally abusive, such as consciously deciding to withhold information that could contribute to the client's well-being.
4. The nurse must not touch the client in a manner that may be reasonably perceived by the client, nurse or others to be of a sexual nature. The nurse must not engage in sexual intercourse or other forms of physical sexual contact with a client.
5. The nurse must not exhibit behaviours towards clients that may be reasonably perceived by the client, nurse or others to be violent or to inflict physical harm.

6. ***Interpersonal Relationships***

The interpersonal relationship between a nurse and a client is a professional relationship that is therapeutic and is used to meet the needs of the client. Difficulties often arise when there is an attempt to have a professional and a non-professional relationship at *the same time*.

Casual

When a client is known to a nurse through a casual (acquaintance) relationship, the nurse should clarify the nature of the relationship with the client as professional and provide the nursing care to the client as appropriate, in collaboration with the employer/team unless self employed.

If the nurse cannot clarify the relationship as professional, the nurse must make alternative care arrangements and withdraw from the nurse-client relationship.

Friendship - Platonic

Friendship or platonic relationships may occur between a nurse and a client, a client's significant others or both outside of the nurse-client relationship. A friendship or platonic relationship may be a close relationship, but which is not regarded by either party or anyone else as romantic or sexual.

When nurse-client relationships exist, nurses must not initiate friendship or platonic relationships with clients or their significant others.

If a nurse is already engaged in a friendship/platonic relationship with an individual who becomes a client (or with the client's significant other), the nurse must clarify with the client that the nature of the nurse-client relationship is professional rather than a friendship relationship. If the nurse cannot make that clarification, the nurse must make alternative care arrangements and withdraw from the nurse-client relationship, in collaboration with the employer/team.

Romantic .Sexual

When a nurse-client relationship exists, initiating or engaging in a romantic or sexual relationship with a client is not acceptable. This includes dating.

If a nurse is already engaged in a romantic (dating) or sexual relationship with an individual who has a need for nursing care, the nurse must not enter into the nurse-client relationship and make every reasonable effort to make alternative care arrangements. The nurse should not provide care to the individual as a direct caregiver or as a member of the interdisciplinary team planning the individual's care.

Nurses who engage in romantic (dating) or sexual relationships with a former client (or their significant others) following termination of the nurse-client relationship, must not use information or knowledge about a client acquired through the nurse-client relationship to initiate romantic (dating) or sexual relationships. If it is anticipated that a client will require further care, a decision must be made by the nurse to pursue either the romantic (dating) or sexual relationship, or the nurse-client relationship, and withdraw from the other.

Casual .Acquaintance

Casual or acquaintance relationships may occur when nurses, as members of the community, engage with clients (or their significant others) in the normal course of living. A casual or acquaintance relationship is not regarded by either party or anyone else as close, romantic or sexual.

Professional Involvement with Consumer Initiatives

Professional involvement with consumer initiatives means that in many cases they partner with each other in a non traditional way. As staff are not providing therapy to the client a social relationship often ensues. Regardless of the perceived “level playing field” the professional is always in a position of power.

7. ***Gift Giving/Receiving***

A gift usually is meant to express gratitude, provide recognition or to help celebrate events. These same gifts frequently have different impacts. They can also be perceived to be displays of favouritism and/or create pressure or a sense of obligation to participate, on the part of families, staff or co-workers. Another concern is the way professional objectivity may be impaired by giving and receiving gifts.

The registrant strives to provide an environment where all families and employees are treated with fairness and equity and are free from any undue pressure or obligation to provide gifts. We also strive to provide an environment where employees are not providing services beyond the parameters of their job.

References

1. Professional Misconduct of a Sexual Nature, college of Denturists of BC. August, 1998
2. Competencies Expected of a Beginning Practitioner of Psychiatric Nursing, Standards of Psychiatric Nurses in British Columbia. Code of Ethics, college of Registered Psychiatric Nurses. March, 1995.
3. Sexual Exploitation & Abuse by Mental Health Service Providers Position Statement. September, 1992, RPNAM.
4. The Health Professions Act—Chapter 183, 1996
5. Sexual Exploitation of Patients—Position Paper Canadian Psychiatric Association. September, 1988.
6. Nurses (Registered Psychiatric) Act Chapter 336, 1996
7. Nurse-Client Relationships—RNABC, BC Council of LPNs, RPNBC, 1995
8. Sexual Exploitation & Abuse by Mental Health Service Providers, Canadian Mental Health Association. Policy Statement—November 1995



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