



**A Code of Ethics and Practice  
for  
Members and Accredited Members  
of the  
Society of Australian Sexologists Ltd**

February 2014

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## **ACKNOWLEDGEMENT OF TRADITIONAL OWNERS**

The Society of Australian Sexologists Ltd, its Directors and Members acknowledge the Traditional Owners of all lands in Australia. We pay our respects to all Elders, past and present, who are and have been, custodians and guardians of these lands, and ensure the on-going living cultures of Aboriginal and Torres Strait Islander people.

## **DISCLAIMER OF LIABILITY**

This statement applies to Members of the Society of Australian Sexologists Ltd and their clients.

## **CODE OF ETHICS AND PRACTICE CONTENT**

The Society of Australian Sexologists makes every effort in good faith to ensure the *Code of Ethics and Practice* is current, accurate and up to date. However, the Society of Australian Sexologists Ltd makes no warranty or undertaking, whether expressed or implied, that the code is correct, complete, current, reliable and/or free from error.

The Society of Australian Sexologists Ltd recommends that consumers exercise their own skill and care with respect to its use.

The Society of Australian Sexologists Ltd reserves the right, at its complete discretion, to change the contents of this code at any time and in any manner. It is the reader's responsibility to check periodically for any changes that Society of Australian Sexologists may make to the Code of Ethics and Practice.

The Society of Australian Sexologists cannot accept any responsibility or liability, whether direct or indirect, for any loss, damage, cost or expense that might be incurred as a result of the use of or reliance upon the materials which appear in this code.

The reader assumes full responsibility for any actions taken based on information obtained from this Code of Ethics and Practice.

## **AUTHORSHIP AND ACKNOWLEDGEMENTS**

The document has not been authored by any one person or organisation. The Governance and Ethics Sub-Committee would like to acknowledge the following organisations and their publications in the development of this publication:

- The former Australian Society of Sexuality Educators, Researchers and Therapists Inc. (ASSERT National) – Code of Professional Conduct
- The College of Sexual and Relationship Therapists (CORST) (UK) – Code of Ethics
- The Australian Psychological Society (APS) – Code of Ethics
- The Psychotherapy and Counselling Federation of Australia (PACFA) – Code of Ethics
- The American Association of Sexuality Educators, Counselors and Therapists (ASSET) – Code of Ethics

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# A Code of Ethics and Practice for Members and Accredited Members

This Code of Ethics applies to any activity that the Member undertakes professionally or personally which may affect their professional practice, either directly or indirectly.

## GLOSSARY OF TERMS

**ACCREDITATION** means the process where Members achieve public recognition for their level of experience and instruction, by undertaking assessment by the Society of their qualification in relation to the standards set for Associate and Clinical Membership. Accreditation criteria may be altered by the Society at any time and Members should refer to the Society website for the current standards.

[www.australiansexologists.org.au](http://www.australiansexologists.org.au)

**ACCREDITED MEMBER** means a Member who has met the qualification standards determined by the Society and has received recognition from the Society on completing accreditation, and who meets the ongoing requirements. Accreditation is currently available in the categories of Psychosexual Therapist and Sexuality Educator at Associate and Clinical level.

**ACCREDITATION AND MEMBERSHIP SUB-COMMITTEE** means the sub-committee elected by the Board to report and act on the matters relating to accreditation and membership.

**BOARD** means the Board of Directors, known as National Council, for the time being of the Society.

**BY-LAWS** means those regulations, rules, and laws that concern the operational processes of the Society.

**CHARGED MEMBER** means a Member against whom an allegation has been made which may lead to the Discipline of that Member, under Articles 19 and 20 of the Society of Australian Sexologists Ltd Constitution.

**CLIENT** means any person who enters into an agreement with a Member for the express purpose of receiving a professional service. The client may be an individual, couple, family, group, organisation or other specifiable social unit.

**CODE** means the Society of Australian Sexologists Ltd. Code of Ethics and Practice.

**DISCIPLINE/ DISCIPLINARY ACTION** means, in relation to a Charged Member, any type or form of penalty or sanction, financial or otherwise, imposed by the Society, including the suspension or expulsion of that Charged Member, under Articles 19 and 20 of the Society of Australian Sexologists Ltd Constitution.

**DISCIPLINED MEMBER** means a member who has been suspended, fined or expelled under articles 19 or 20 of the Society of Australian Sexologists Ltd Constitution.

**GOVERNANCE AND ETHICS SUB-COMMITTEE** means the sub-committee elected by the Board to report on matters of governance and ethics, and to act for the Board in matters relating to Article 19 ALLEGATION OF CHARGE in the Society of Australian Sexologists Ltd Constitution.

**MEMBER / STUDENT MEMBER / INTERNATIONAL MEMBER** mean a Member who is a current financial member of the Society of Australian Sexologists Ltd and who agrees to abide by its Constitution and ethical standards.

**PRACTITIONER** means anyone with responsibility for the provision of psychosexual counselling or therapy, sexuality education or other sexology-related service. This includes but is not limited to Members undertaking the role(s) of psychosexual therapist, sexuality educator, sex therapist, sex and relationship therapist, clinical sexologist, sexuality counsellor, sexuality trainer, supervisor of any of the former, sexology researcher, provider of sexual counselling skills or manager of any of these services.

**SEXOLOGY** means the multidisciplinary scientific study of human sexuality in all its diversity, including human sexual interests, meanings, behaviours and relationships.

**SOCIETY** means the Society of Australian Sexologists Ltd.

## SECTION A: OVERVIEW

### 1. INTRODUCTION

- 1.1 The Code of Ethics and Practice has been developed by the Society of Australian Sexologists Ltd to identify a set of principles which describe the desired professional conduct, personal conduct and professional competence expected of a Member of the Society by their colleagues and the community.
- 1.2 Its purpose is to:
  - 1.2.1 Promote adherence to the values sexologists see as underpinning their profession;
  - 1.2.2 Provide a set of principles which will guide Members in their everyday conduct and assist them to solve ethical dilemmas;
  - 1.2.3 Affirm the public accountability of the sexology profession; and
  - 1.2.4 Promote public confidence in the sexology profession.
- 1.3 This Code of Ethics and Practice applies to all Members, and the Society of Australian Sexologists Ltd. requires that Members adhere to the Code at all times and refrain from any act that could bring the Society and / or the Profession into disrepute.
- 1.4 Members are responsible for adhering to the latest version of the Code, which will be posted on the Society of Australian Sexologists Ltd website [www.australiansexologists.org.au](http://www.australiansexologists.org.au). Sanctions may be imposed if the Code is contravened.

### 2. CONFLICTING DEMANDS

- 2.1 Where the demands of an organisation place the Member in a position where they feel they may breach the Society of Australian Sexologists Ltd Code of Ethics and Practice, the Member is responsible for bringing this to the attention of both parties and seeking further guidance.
- 2.2 The welfare of clients, students, the general public and the integrity of the society, shall take priority over the interests of an employer or colleagues.

### 3. ETHICS FOR PRACTITIONERS

- 3.1 One of the characteristics of contemporary society is the coexistence of different approaches to ethics. This statement reflects this ethical diversity by considering:
  - *General Ethical Principles*
  - *Guidance for Ethical Practice*
  - *Guidelines for Professional Competence*
- 3.2 Ethical principles are well suited to examining the justification for particular decisions and actions. Reliance on principles alone, however, may detract from the importance of the practitioner's personal qualities and their ethical significance in the therapeutic relationship.

3.3 The provision of culturally sensitive and appropriate services is also a fundamental ethical concern. Cultural factors are often more easily understood and responded to in terms of values. Therefore, professional values are becoming an increasingly significant way of expressing ethical commitment.

## SECTION B: GENERAL ETHICAL PRINCIPLES

### 4 OVERVIEW

- 4.1 Ethical decisions that are strongly supported by one or more of the following principles without any contradiction from others may be regarded as reasonably well founded. However, practitioners will inevitably encounter circumstances where there are competing obligations; it may be impossible to reconcile all the applicable principles, and choosing between principles may be required.
- 4.1.1 A decision or course of action does not necessarily become unethical merely because it is contentious or other practitioners would have reached different conclusions in similar circumstances. A practitioner's obligation is to consider all the relevant circumstances, with as much care as is reasonably possible, and to be appropriately accountable for decisions made.
- 4.1.2 These ethics are intended to be of assistance in such circumstances by directing attention to the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more useful. No statement of ethics can totally alleviate the difficulty of making professional judgements in circumstances that may be constantly changing and full of uncertainties.
- 4.1.3 By accepting this statement of ethics, Members of the Society of Australian Sexologists Ltd are committing themselves to engaging with the challenge of striving to be ethical, even when doing so involves making difficult decisions or acting courageously.

### 5 ETHICAL PRINCIPLES

- 5.1 **INTEGRITY:** To honour the trust placed in the practitioner; act with integrity and in good faith at all times.
- 5.1.1 Members should regard confidentiality as an obligation arising from the client's trust. Any disclosure of confidential information about clients should be restricted to furthering the purposes for which it was originally disclosed.
- 5.2 **RESPECT:** To act at all times with respect for the client, their person, their experiences and their autonomy.
- 5.2.1 Members should communicate respect for other people through their actions and words, and act with due regard towards clients and colleagues, other professionals, and the public. Members should not defame or harass people, or behave in a way that may be reasonably perceived as coercive or demeaning.
- 5.2.2 Clinical Sexologists/Psychosexual Therapists/Sexuality Educators come from a multitude of professions and offer clients different approaches, outlooks and services. Should a situation arise where there is disagreement with a colleague or another person on a professional matter, they should respond in an objective and respectful manner and refrain from making intemperate criticism.
- 5.3 **JUSTICE:** A commitment by the Member to work on the basis of equality, transparency and fairness.

- 5.3.1 The principle of justice requires being just and fair to all clients and respecting their human rights and dignity. It directs attention to considering conscientiously any legal requirements and obligations, and remaining alert to potential conflicts between legal and ethical obligations.
- 5.3.2 A commitment to fairness requires the ability to appreciate differences between people and to be committed to equality of opportunity; avoiding discrimination against people or groups, on the basis of age, religion, sexuality, ethnicity, gender, disability, occupation, or any other basis proscribed by law.
- 5.4 **BENEFICENCE:** A commitment to promote the wellbeing of the client.
  - 5.4.1 The principle of beneficence means acting in the best interests of the client/s, and it directs Members to be reflective of their professional practice, to aim for optimal outcomes for client/s ensuring they work within their competency and provide services based on adequate training and experience.
  - 5.4.2 Accredited Members are required to access regular and on-going supervision to enhance the quality of the services they provide and to commit to updating practice by continuing professional development.
- 5.5 **NON-MALEFICENCE:** A commitment to avoiding harm to the client.
  - 5.5.1 The principle of non-maleficence means the Member avoids intentionally acting in a way that could constitute harm. This may include, but is not limited to, actions of a sexual, physical, financial, or emotional nature; avoiding incompetence or malpractice, and not providing services when unfit to do so due to illness, personal circumstances or intoxication.
- 5.6 **AUTONOMY:** To promote and enhance client self-determination.
  - 5.6.1 The principle of autonomy opposes the manipulation of clients against their will. Practitioners who respect their clients' autonomy ensure accuracy in any advertising or information given in advance of services offered. They seek adequately informed consent, they protect privacy, and they inform the client in advance of foreseeable conflicts of interest, or as soon as possible after such conflicts become apparent.

## SECTION C: GUIDANCE FOR ETHICAL PRACTICE

### 6 WAS DECLARATION OF SEXUAL RIGHTS

- 6.1 The Society of Australian Sexologists Ltd is an Organisational Member of the World Association for Sexual Health (WAS). As such our members are bound to the **WAS Declaration of Sexual Rights** (1999).
- 6.2 Sexuality is an integral part of the personality of every human being. Its full development depends upon the satisfaction of basic human needs such as the desire for contact, intimacy, emotional expression, pleasure, tenderness and love.
- 6.3 Sexuality is constructed through the interaction between the individual and social structures. Full development of sexuality is essential for individual, interpersonal, and societal well-being. Sexual rights are universal human rights based on the inherent freedom, dignity, and equality of all human beings. Since health is a fundamental human right, so must sexual health be a basic human right.
- 6.4 In order to assure that human beings and societies develop healthy sexuality, the following sexual rights must be recognized, promoted, respected, and defended by all societies through all means. Sexual health is the result of an environment that recognises, respects and exercises these sexual rights.
- 6.4.1 **The right to sexual freedom.** Sexual freedom encompasses the possibility for individuals to express their full sexual potential. However, this excludes all forms of sexual coercion, exploitation and abuse at any time and situations in life.
- 6.4.2 **The right to sexual autonomy, sexual integrity, and safety of the sexual body.** This right involves the ability to make autonomous decisions about one's sexual life within a context of one's own personal and social ethics. It also encompasses control and enjoyment of our own bodies free from torture, mutilation and violence of any sort.
- 6.4.3 **The right to sexual privacy.** This involves the right for individual decisions and behaviours about intimacy as long as they do not intrude on the sexual rights of others.
- 6.4.4 **The right to sexual equity.** This refers to freedom from all forms of discrimination regardless of sex, gender, sexual orientation, age, race, social class, religion, or physical and emotional disability.
- 6.4.5 **The right to sexual pleasure.** Sexual pleasure, including autoeroticism, is a source of physical, psychological, intellectual and spiritual well-being.
- 6.4.6 **The right to emotional sexual expression.** Sexual expression is more than erotic pleasure or sexual acts. Individuals have a right to express their sexuality through communication, touch, emotional expression and love.
- 6.4.7 **The right to sexually associate freely.** This means the possibility to marry or not, to divorce, and to establish other types of responsible sexual associations.
- 6.4.8 **The right to make free and responsible reproductive choices.** This encompasses the right to decide whether or not to have children, the number and spacing of children, and the right to full access to the means of fertility regulation.

- 6.4.9 **The right to sexual information based upon scientific inquiry.** This right implies that sexual information should be generated through the process of unencumbered and yet scientifically ethical inquiry, and disseminated in appropriate ways at all societal levels.
- 6.4.10 **The right to comprehensive sexuality education.** This is a lifelong process from birth throughout the life cycle and should involve all social institutions.
- 6.4.11 **The right to sexual health care.** Sexual health care should be available for prevention and treatment of all sexual concerns, problems and disorders.
- 6.5 Sexual rights are fundamental and universal human rights

## 7 VALUES OF PSYCHOSEXUAL THERAPY AND SEXUALITY EDUCATION

- 7.1 These fundamental values of *psychosexual therapy* and *sexuality education* have been adapted from the fundamental values of counselling and psychotherapy. Values inform principles. They represent an important way of expressing a general ethical commitment that becomes more precisely defined and action-orientated when expressed as a principle.
- 7.1 All Members make a commitment to the following values of Psychosexual Therapy and Sexuality Education
  - 7.1.1 Respect human rights and dignity
  - 7.1.2 Respect for the World Health Organisation's *Working Definitions* related to sexual health ([http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/index.html](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html))
  - 7.1.3 Respect for WAS Declaration of Sexual Rights (1999; See items 6 -6.5)
  - 7.1.4 Ensure the integrity of practitioner-client relationships
  - 7.1.5 Enhance the quality of professional knowledge and its application
  - 7.1.6 Work in partnership with the client to alleviate their symptoms of personal distress and suffering
  - 7.1.7 Facilitate a sense of self that is meaningful to the person(s) concerned, within their personal and cultural context
  - 7.1.8 Work in partnership with the client to strengthen their personal effectiveness
  - 7.1.9 Enhance the quality of relationships between people
  - 7.1.10 Appreciate the variety of human experience and culture
  - 7.1.11 Strive for the fair and adequate provision of *psychosexual therapy and sexuality education* services

## **8 RESPONSIBILITY**

- 8.1 Members are personally responsible for the professional decisions they make.
- 8.2 Members are expected to consider the foreseeable consequences of their actions and decisions and to make every effort to ensure that their services are provided in the best interests of the client.

## **9 FITNESS TO PRACTISE**

- 9.1 Psychological and emotional health and fitness to practise must be maintained at a level that ensures the provision of an effective service. The member and their clinical supervisor are responsible for monitoring the members psychological and emotional fitness to practise
- 9.2 Advice from a supervisor or other suitable colleague should be sought if a Member's effectiveness becomes impaired for any reason, including health or personal circumstances.

## **10 THE THERAPY RELATIONSHIP**

- 10.1 Appropriate professional care of the Client/s must be maintained in the therapy relationship
- 10.2 Members must ensure that clients are informed of the parameters of therapy and give consent when commencing therapy. A contract, in writing and signed by the Client and preferably the member, needs to be in place before embarking on any therapy. Where the client cannot provide written consent, verbal consent is permitted. The provision of verbal consent must be documented in the client notes or in another suitable way. Verbal consent may be appropriate where there are literacy or other impaired-ability issues. The process of gaining and documenting consent contributes to a clear and mutual understanding of the rights and responsibilities of both parties in their working relationship.
- 10.3 Members must not abuse the therapy in any way, including but not limited to financial, emotional and sexual abuse.
- 10.4 Members must use their professional judgement in order to establish and maintain appropriate boundaries to the therapy relationship, both during and after therapy.
- 10.5 Dual relationships require careful consideration of the possible implications for Clients. Dual relationships arise when the practitioner has two or more kinds of relationship concurrently with a client, for example client and trainee, acquaintance and client, colleague and supervisee. Such relationships are seldom neutral, and the complications of such a relationship may not always be foreseeable. Every effort should be made to avoid risking confusion between the pre-existing relationship and the professional relationship, which may impact adversely on the therapy or supervision. Where possible dual relationships should be avoided.
- 10.6 Trust and safety in the therapy relationship can be undermined if conflicts arise that are not dealt with effectively. Where these arise, the Member (or the Member in consultation with their professional supervisor) is expected to manage the situation honestly and refer on appropriately if the issues cannot be resolved, or if the therapy relationship becomes untenable for any other reason.

10.7 Where sexually explicit material is considered by the therapist to be appropriate within the overall context of therapy, Members should obtain informed consent from the client before introducing it into the session.

## **10.8 Sexual Contact**

10.8.1 Members must not sexually exploit clients, supervisees or students. That is, a member shall not engage in sexual misconduct, conduct or practices of a sexual or sensual nature, or offer services that are sexual or sensual in nature.

10.8.2 This includes member/client nudity, genital touch and purposeful sexual response elicitation.

10.8.3 Physical examination and/or procedures must only be performed by a health professional registered with AHPRA (or state registration board), specifically trained and qualified for the procedure, and following the prescribed ethical guidelines.

10.8.4 The Society of Australian Sexologists prohibits sexual relationships between members and their clients or any behaviour that could be reasonably construed as sexual.

10.8.5 A Member will not accept, as a client, a person with whom they have knowingly engaged in sexual activity

10.8.6 If a therapeutic relationship has been developed, the protection of that client's rights can only be ensured by considering him/her to always be a client. The therapeutic relationship precludes a sexual relationship between the client/s and the therapist at any time in the future.

## **10.9 Vulnerability**

10.9.1 Members are expected to be responsive to the client's vulnerability and to respect the client's autonomy to determine their own requirements.

### *10.9.2 Working with Children and Vulnerable Adults*

10.9.2.1 Working with people under 18 and vulnerable adults requires special knowledge of relevant legislation and issues of protection for the individual. The Society does not provide or accredit this training and the onus is on Members to ensure that they have the appropriate training, as required.

10.9.2.2 If working with people under 18 years of age, the Member shall have an up to date or current Working with Children Check (or state legislated equivalent, in addition to a National Police Check).

## **10.10 Trust**

10.10.1 The client's ability to make judgments about their welfare is potentially clouded by the wish to succeed in therapy. The expectation by the Client of competence, knowledge and high ethical standards on the part of the Member is reasonable. Such standards must be reflected by the Member within the professional relationship.

## **10.11 Confidentiality**

- 10.11.1 Confidentiality is an essential part of the therapy relationship. Its limits, and the occasions on which it might be broken, should be made clear to Clients. Responsibility to others, as well as to the Client needs to be taken into account if the Client's activities are potentially detrimental or damaging to themselves or to others.
- 10.11.2 Information will be revealed to others only with the informed consent of the Client/s. In the case of potential harm to the Client or others, informed consent is preferred but not necessary.
- 10.11.3 The Member must inform their clients of the legal or other contractual limits of confidentiality.
- 10.11.4 Members must make provisions for maintaining confidentiality in the storage and disposal of records.
- 10.11.5 When working with persons who are unable to give informed consent, members must protect the Client's/s' best interests including encouraging clients who are unable to give informed consent, to invite a support person to the therapy sessions, to ensure transparency of process.
- 10.11.6 Members must not convey confidential communications from related professions to a client without permission from the source of such communications.
- 10.11.7 Members must gain permission from the client before sharing the client's confidential information with another professional person.
- 10.11.8 Information obtained in clinical or consulting relationships may be communicated only for professional purposes and only to persons legitimately involved in the care of the client and for the benefit of the client. The exception to this is where the Client's expressed wish to self-harm or to harm another requires the Member to observe either Mandatory Reporting or Duty of Care requirements to report the matter to the appropriate authority.

## **10.12 Safe Keeping and Privacy Provisions**

- 10.12.1 Record keeping is expected in good practice. Arrangements for the safekeeping and disposal of records require consideration in line with legal requirements.
- 10.12.2 Members are bound by the National Privacy Principles ([www.privacy.gov.au/publications/npps01.html](http://www.privacy.gov.au/publications/npps01.html)). It is therefore incumbent on all members to be familiar with National Privacy Principles and the collection of information to ensure that the client's rights are safeguarded.
- 10.12.3 Members are expected to conduct their practice in appropriate premises, where privacy can normally be ensured and there is a minimum likelihood of interruption. Where a Member may practice in an outreach context, they are required to ensure access to a therapeutic environment that is as confidential and conducive to therapeutic practice as practicable.
- 10.12.4 Appropriate secure storage of client files is a requirement of all Members.

### **10.13 Insurance**

- 10.13.1 Adequate insurance cover is mandatory for Members to cover all their professional activities. The insurance needs to be sufficient to meet any legal claim made by a Client or third party/parties, either through the Member's own professional insurance or public insurance where an employer provides cover. It must also be sufficient for legal representation and expenses in the event of a complaint being raised against the Member.
- 10.13.2 Lapse of insurance is a breach of the conditions of ongoing accreditation.
- 10.13.3 Insurance cover must include run-off cover.

### **10.14 Conducting Therapy Online**

- 10.14.1 Adherence to the Code of Ethics and Practice applies to all virtual and electronic environments.
- 10.14.2 Members must ensure their indemnity insurance covers them for an on-line service.

## **11 ANTI - DISCRIMINATORY PRACTICE**

- 11.1 Issues of prejudice and stereotyping are universal. Members must be alert to their own biases, prejudices and stereotypes and how these may impact upon the therapeutic relationship.
- 11.2 Attitudes, assumptions and values can be identified by the language used and interventions offered. Members must ensure that interventions offered are culturally sensitive to Clients and that minority populations are considered and are given a voice.
- 11.3 Autonomy and right to self-determination of Clients and of others with whom they may be involved must be protected, subject to the limits of confidentiality and safety.
- 11.4 The Society and its Members do not support 'reparative' therapy of members of sexual minorities. All Members must agree to comply with this statement.

## **12 TEACHING OF SEXUALITY EDUCATION**

- 12.1 Members who are responsible for education and training programs must ensure that the programs are competently designed and delivered, and that they meet the accreditation requirements for which claims are made by the program.
- 12.2 All practitioners are encouraged to share their professional knowledge and practice in order to benefit their clients and the public.
- 12.3 Practitioners who provide education and training should acquire the skills, attitudes and knowledge required to be competent teachers and facilitators of learning, and to undertake activities to maintain training competence.
- 12.4 Sexuality Educators and Trainers shall ensure that the training programmes and the learning experiences offered are in accordance with the currently valid educational guidelines and those of other acknowledged associations.

- 12.5 Trainers and learning supervisors shall only offer courses and provide supervision or coaching in areas in which they have the requisite competence and experience.
- 12.6 It is acknowledged that dual relationships may be inevitable to some degree. However, the roles of Educator, Trainer and Therapist are seen as completely distinct and should be separated in absolute terms. Educators and Trainers who have other dual relationships with students shall, as far as possible, reduce conflicting role interests. In principle, these roles shall be distributed among different professionals. Different roles shall be separated in space and time. If, for any reason, the objectivity and capacity of the trainer to professionally evaluate is restricted, this must be declared and a resolution sought that protects the trainee's interests.
- 12.7 Educators and Trainers must not exploit trainees in financial, sexual, emotional, academic or any other ways.
- 12.8 Educators and Trainers are required to be fair, accurate and honest in their assessments of their students.
- 12.9 Prior consent is required from clients if they are to be observed, recorded or if their personally identifiable disclosures are to be used for training purposes.

### **13 SUPERVISION**

- 13.1 The role of individual or group supervisor is considered to be of crucial importance in developing, maintaining and leading the profession. Wherever dual relationships or responsibilities exist, these need to be transparently named and ethically managed.
- 13.2 The roles of supervisors, consultants, and clinical line managers include the following responsibilities:
- 13.2.1 Monitoring the welfare of the supervisee
- 13.2.2 Ensuring compliance with the relevant legal, ethical, and professional guidelines for professional practice
- 13.2.3 Monitoring the contracted achievements and the professional development of the practitioner
- 13.3 There is a general obligation for all practicing Members, supervisors and trainers to receive supervision/consultative support that is independent of any managerial relationships.
- 13.4 Supervision is considered a discrete professional activity within clinical practice and thus, it is required that supervisors meet the requirements of Supervisor Accreditation Guidelines as determined by the Society.
- 13.4.1 It is considered ideal that Supervisors complete specialist training in the development of supervision competencies.
- 13.5 Supervisors and managers have a responsibility to maintain and enhance best practice by practitioners and to protect supervisees from poor practice. The evaluative aspects of supervision shall be contracted and transparent in any supervision arrangement.

- 13.6 Supervisors and consultants who advise their supervisees in more than one capacity (for example as trainer, individual coach or supervisor to a board) shall, as far as possible, reduce conflicting role interests. In principle, these roles shall be distributed among different professionals. If this is not possible, supervisors shall inform their supervisee what expectations and what responsibilities go with each role. Different roles shall be separated in space and time. Practitioners are responsible for clarifying who holds responsibility for the work with the supervisee.
- 13.7 Supervisors must not exploit supervisees in financial, sexual, emotional, academic or any other way.
- 13.8 Supervisors shall have no sexual relationships with supervisees. Social contact with their supervisees should be avoided if it could compromise the professional relationship. If, for any reason, the professional objectivity and capacity of the supervisor, coach or consultant is restricted, the professional relationship must be terminated.
- 13.9 It is acknowledged that personal matters will arise during supervision, for example, in the context of fitness to practice (see 9 above), or regarding personal development. Supervisors shall not offer Counselling or Psychotherapy as a substitute for, or as a supplement to their work as supervisors.

## **14 RESEARCH AND PUBLICATION**

- 14.1 Publication of work within the field of sexology and sexual health develops the profession by communicating research and knowledge to the community. Members are strongly encouraged to publish their work and the Society actively supports research by its members.
- 14.2 Members must comply with codes, statements, guidelines and other directives developed either jointly or independently by the National Health and Medical Research Council (NHMRC), the Australian Research Council, or Universities Australia regarding research with humans and animals applicable at the time they conduct their research.
- 14.3 The research methods used must comply with the Society's Code of Ethics and Practice and must not affect clients or participants adversely. The dissemination of research in any format, which includes clinical material, must safeguard the welfare and anonymity of Clients.

## **15 ADVERTISING**

- 15.1 The Member commits to ensuring that any advertising or promotions undertaken must be accurate. Where a Member promotes any particular therapy, product or service, this must be done in an accurate and responsible way.
- 15.2 Members must not solicit testimonials from Clients to include in any advertising / promotional materials or on websites; only those freely offered may be used. The Society reserves the right to investigate proof of origin of any testimonial displayed by a Member.
- 15.3 Members will not seek or receive remuneration for referrals to other Members or professional services.

- 15.4 General and Student Membership does not constitute a professional qualification or accreditation and it must not be represented as such in any advertising or promotional material. Members may describe themselves as follows: “[Member’s Name] is a Member of the Society of Australian Sexologists Ltd. He / she adheres to the Society’s Code of Ethics and Practice. To find out more, go to [www.australiansexologists.org.au](http://www.australiansexologists.org.au).”
- 15.5 Only Accredited Members who have had their Accreditation ratified may use the title of Associate or Clinical Psychosexual Therapist or Sexuality Educator in advertising and promotion.
- 15.5.1 Accredited Members may use the Society logo on their personal websites, and it must be accompanied by the following statement: “[Member’s Name] is an Accredited [Associate/Clinical] [Psychosexual Therapist/Sexuality Educator] with the Society of Australian Sexologists Ltd. He / she adheres to the Society’s Code of Ethics and Practice. To find out more, go to [www.australiansexologists.org.au](http://www.australiansexologists.org.au).”
- 15.6 Members in training on a Society of Australian Sexologists Ltd approved course or other appropriate sexual/psychosexual therapy training must not advertise themselves as Psychosexual Therapists or Sexuality Educators until they have obtained their qualification and undergone accreditation with the Society.
- 15.7 Online advertising and promotions, including web sites must meet the requirements of this Code. This should also be considered when using information leaflets, forums, email, social network sites and blogs.

## **16 STANDARDS OF CONDUCT**

- 16.1 Members must pay their subscriptions on time (see the Society of Australian Sexologists Ltd By-Laws).
- 16.2 If there is a concern about another Member’s fitness to practice, a Member has a duty to respond appropriately and to take action. The Member may consult their supervisor if this is considered appropriate, giving due attention to the possibility of breaching confidentiality.
- 16.3 A Member should conduct themselves responsibly at all times. Any activities that could bring the Society or the profession of sexology into disrepute should be avoided. Caution should be exercised when participating in social activities in all public venues including social networking sites on the internet, where information about and images of the Member are made public.
- 16.4 Endorsements: A Member shall not endorse another member, product or service which may misrepresent and/or reflect on the professional standing of the Member or the Society, nor provide an endorsement in the name of the Society.
- 16.5 Conviction of a criminal offence wherever entered against a Member must be reported to the Society.
- 16.6 A complaint upheld against a Member in another organisation must be reported to the Society by the Member. The Society of Australian Sexologists Ltd reserves the right to investigate, with the possibility of disciplinary action. It is recommended that a Member should inform the Society if a complaint is brought against them.

- 16.7 A Member should disclose any complaints made against them which have been referred to their insurers, arbitration or mediation and any civil claims brought against them in respect of their professional activities.
- 16.8 Failing to abide by the Society of Australian Sexologists Ltd. Code of Ethics and Practice may result in disciplinary action. If the Member does not comply with the sanctions, Membership will be terminated.

## **SECTION D: GUIDELINES FOR PROFESSIONAL COMPETENCE**

### **17 PROFESSIONAL COMPETENCE:**

- 17.1 Members and Student Members have not been accredited by the Society of Australian Sexologists Ltd.
- 17.2 Members shall refrain from offering or undertaking work or advice beyond their professional competence.
- 17.3 Members are responsible for the recognition of their limitations as a practitioner. When a member is not competent to deal with a particular client matter, the member shall make this clear to the client and offer to refer the client to a more appropriate source of expertise. Members must ensure they are familiar with resources for referral (e.g. medical, legal, ethical).
- 17.4 Members shall terminate a clinical or consulting relationship and provide a referral when it is understood that the client is not benefiting from the treatment. Members are responsible for ensuring client wellbeing on termination of clinical or consulting relationship.

### **18 CLINICAL COMPETENCE**

- 18.1 Members shall maintain clinical supervision to the level required by their Membership category.
- 18.2 Supervision is an essential part of clinical competence. Members must have access to experienced supervisors or consultants for appropriate professional support and development.
- 18.3 Continuing professional development is recommended by the Society for all Members as an integral part of best practice. Accredited Members must comply with the stated levels.
- 18.4 It is recognised that during an Accredited Member's career, breaks in practice may occur for various reasons. It is the responsibility of the Member to ensure they are competent to practice when they return to work, in agreement with their supervisor and the Accreditation Sub-Committee Requirements.
- 18.5 Members are required to keep abreast of new developments in the field of sexology, psychosexual therapy and sexuality education, in order that the Client can be offered treatment options in the light of the best available knowledge.
- 18.6 Members should be aware of any statutory legislation that may impact upon their work.
- 18.7 Transparency regarding qualifications is essential. Members must make apparent to the public the level of their qualifications and whether they are in training. This must be clearly stated on the Society's website and any personal or professional websites

## **SECTION E: BREACHES OF THE CODE**

### **19 SOURCES OF COMPLAINTS:**

19.1 Complaints may come from a variety of sources such as, but not restricted to, the following:

19.1.1 Anyone who has sought or received a service provided by a Member of the Society, or the Society itself

19.1.2 A legal guardian or other appropriately authorised adult on behalf of a minor and/or an adult lacking legal capacity for services sought or received; or

19.1.3 A third party who can demonstrate sufficient interest, or who speaks on behalf of another vulnerable person/people, such as joint children, and who has been directly affected by the actions of the practitioner, and where there is corroborating evidence of unethical conduct as described under this Code.

19.1.4 A Member who becomes aware of behaviour by a Member, which could contravene some sections of the code.

19.1.5 A professional or member of another professional body who may express concern about the ethics or practice involving a Member.

### **19.2 Complaints Against Non-Members**

19.2.1 The Society cannot deal with complaints against individuals that are not Members of the Society.

## **20 MAKING A COMPLAINT**

20.1 Complaints must be made according to the Complaints Procedure outlined in the Constitution and By-Laws of the Society of Australian Sexologists Ltd.

20.2 Complaints must be initially made using the Society of Australian Sexologists Ltd Complaints Form.

20.3 Complaint enquiries can be directed to the Chair of the Governance and Ethics Sub-Committee

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