

What I've Learned as an Expert Witness: Sexual Abuse in the Treatment Room

By Ben E. Benjamin, PhD

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Having worked in the industry for over 50 years and served as an expert witness on cases of sexual misconduct by massage therapists and bodyworkers for more than 13 years, I feel compelled to write this article. Sexual violations are seldom written about directly and, unfortunately, are more common than most people realize. Over the years as I've raised this topic with clients, students, and friends, I've found that almost everybody has a story of inappropriate behavior in a therapeutic session—affecting either themselves or someone they know. The large majority never reported these violations. (Since sexual abuse in general is significantly underreported, this isn't surprising.¹) In several cases I have worked on, after word got out that the therapist had been arrested, multiple individuals who had not spoken up earlier came forward with similar accusations. As I see some massage therapy schools reduce the ethics, sexuality, and communication content in their curricula, as well as spas lower their standards for hiring, I fear that the incidence of these violations will only increase. While the cases on which I have served as an expert witness all involved a spa or massage clinic, these violations also occur in private practice.

The best protection for clients' safety, health, and dignity is broad-based education of management, staff, and clients about the warning signs and dangers of predatory therapists. This information is essential for both current and future clients, as well as for everyone who practices, teaches, or hires employees in hands-on modalities.

There is no doubt that the vast majority of massage therapists and bodyworkers are honest,

“There is no doubt that the vast majority of massage therapists and bodyworkers are honest, hardworking professionals who would never engage in sexual misconduct of any kind. Unfortunately, some individuals who enter our profession lack the integrity, psychological boundaries, or mental and emotional stability to practice ethically.”

hardworking professionals who would never engage in sexual misconduct of any kind. Unfortunately, some individuals who enter our profession lack the integrity, psychological boundaries, or mental and emotional stability to practice ethically. There are also some schools that behave unethically by accepting anyone who can afford their tuition, with little or no screening or monitoring processes to identify potential perpetrators. It is a few predatory therapists who cause profound damage to clients, as well as the profession as a whole. Victims of these crimes often suffer lifelong consequences.

This article provides a direct and explicit discussion of sexual abuse by predatory massage therapists and bodyworkers, including details of actual cases, albeit with disguised identities of those involved. I focus on scenarios involving male therapists and female clients, because the

reports of abuse that I have encountered in my work as an expert witness have only involved male therapists and female clients.

However, recent studies indicate that sexual abuse of males in general—particularly when perpetrated by females—may be more prevalent than previously believed.² All of the basic warning signs and guidelines outlined here apply equally to any therapeutic interaction, regardless of the genders of the client or the therapist.

Cultural Context

Certainly, sexual abuse and harassment are not unique to the massage therapy profession. However, the physical intimacy involved in hands-on bodywork heightens the level of vulnerability for a client. Think about what happens in these therapeutic relationships. A client makes an appointment with someone they've never met, enters a dimly lit, private room with this person, removes most, or all, of their clothing, and lies passively while being touched—usually skin to skin—for an hour or so. The client is highly vulnerable, both physically and psychologically.

Research estimates that approximately 1 in 6 boys and 1 in 4 girls experience sexual abuse before the age of 18—often in trusted environments such as homes, schools, and places of worship.³ This means that although they may never tell us directly, some of our clients are survivors of abuse, and are likely to be highly sensitive to any physical boundary crossing (even an accidental one). They can be easily re-traumatized. We must treat every individual with the care, respect, and clearly defined boundaries we would offer to someone with a known history of sexual trauma. Guidelines for ethical practice must always err on the side of caution and client safety.

“There is no rule that clients have to be nude to have a massage.”

Maintaining Ethical Boundaries Within a Session

Clear guidelines for therapeutic practice are essential to protect the public, practitioners, employers, and the profession as a whole. The sections that follow describe each part of a typical massage therapy session, including necessary precautions and areas where therapists with difficulty maintaining boundaries may run into trouble.

Disrobing

There is no rule that clients have to be nude to have a massage. If the client is perfectly comfortable being naked, that can be fine. However, in settings where there is not a longstanding therapist–client relationship, I recommend that therapists, and

male therapists, in particular, ask women to leave their underpants on so their genital region is covered—both to protect the client's privacy and to avoid the risk of accidentally touching the genital region. Therapists should always leave the room while a client disrobes

and give specific directions about what to do (e.g., disrobe to your level of comfort, lie face down/face up under the sheet).

If a practitioner pressures a client into getting naked for a therapy session, the client should consider that a warning sign and consider terminating the session. However, the client may mistakenly believe that getting fully nude is required and or at least expected from them. It is both the massage therapy clinic's, spa's and practitioner's responsibility to inform the client that they may undress to their level of comfort without any innuendo that it is better to be fully unclothed. The clinic or spa should have procedures and safeguards in place to ensure that all practitioners follow these guidelines and can help educate clients by providing a written statement for them to read.



Image 1



Image 2



Image 3

Draping

Some bodywork is done with the body fully clothed so no drape is used, but when clothing is removed, drapes must be used appropriately. Draping means that the areas of the body not being treated are completely and securely covered with a blanket, sheet, or towel. Proper draping techniques are not

difficult to teach, to learn, or to perform, and should be taught in all massage schools. Prior to hiring, a massage therapist should be evaluated on proper draping by a knowledgeable supervisor. If a client complains that they felt exposed in a session – that their sheet felt loose, or that they were concerned their breasts or genitals were going to be exposed – consider this a warning sign that a therapist may have acted inappropriately.

Many clients, especially new ones, are not clear about what constitutes appropriate draping. It is the practitioner's responsibility to use proper draping to ensure that their clients feel secure, without fear of exposure. It is the spa's or clinic's responsibility to ensure that their practitioners are appropriately draping their clients. In most sexual abuse cases I have worked on, the predatory therapist knew how to drape appropriately but chose not to with a particular client.

The genital regions should always be covered (Image 1). In Image 2, you can see that the drape may be lowered to the base of the sacrum when the client is prone (face down). The buttocks may be undraped only with explicit permission from the client, and usually only one side at a time (Image 3). When putting the drape in place (as in Image 1), the therapist may lift each leg slightly to bring the drape securely under the thigh. While the client is disrobed, her legs should never be spread wide apart to secure the drape.

The primary fact to remember is that the drape is there to define the area of the body to be worked on. The therapist's hands should *never* go under the drape.

Attention to Sensitive Regions of the Body

The Female Breasts

The female breasts should always be fully draped, not partially covered. When the client is supine, the drape generally covers the body up to the

“When a client is lying face down on the table, there is no legitimate reason for the therapist to make contact with her breasts.”

shoulders when the arms are under the drape and to the upper axilla when the arms are on top of the drape (Images 4a and 4b) Sometimes the drape is lowered to right above the top breast line to work on the upper pectoral muscles, but only when the client gives permission. In some areas of the United States, direct treatment of the breast is prohibited either by law or by professional ethical guidelines. In other areas of the United States, and in certain parts of Canada and Europe, breast massage is considered appropriate when indicated by a particular client condition and with specific consent. For instance, massage can be useful for nursing mothers, especially when there is a clogged milk duct, or for women with painful post-mastectomy scars. In these cases, some universal guidelines are in place. The nipples should never be massaged, and no contact with the breast should occur when the client is lying face down (see side-bar “Identifying a Predator Massage Therapist.”).

Another potentially legitimate reason for working near the breast is the treatment of injuries to the intercostal muscles, which can benefit from various forms of hands-on therapy. The same can be true for the pectorals and other types of tissue damage in close proximity to the breast (Image 5). Intercostal massage is appropriate only when performed by a therapist who is trained in working with these particular types of injuries, following the specific request of a client seeking help for this issue. Typically, that would occur in a private massage therapy practice or a chiropractor’s office, but not in a spa setting.



Image 4a



Image 4b



Image 5

WARNING SIGN: Touching the Breasts in the Prone Position

When a client is lying face down on the table, there is no legitimate reason for the therapist to make contact with her breasts. Often, when a woman lies prone, the sides of her breasts extend a few inches out to the side, so it takes conscious awareness and care to avoid touching them. When working on the client's back, a therapist may knowingly (with malicious intent) or unknowingly (because of poor training) bring their hands close to the treatment table and run them over the sides of the breasts. This is never acceptable. When the therapist's hands move down from the top of the client's shoulders and return to the low back, they should be on the edges of the back, but never low enough to touch the sides of the breasts. (Images 6 and 6a)

If the therapist makes contact with the sides of the breast, the client may feel confused about what happened. In many of the abuse cases I see, the victim reports wondering whether the touch was accidental or intentional, or even something she just imagined.



Image 6



Image 6a

Therapists in spa environments usually don't have the required training, and spas usually don't offer this type of service.

The Upper Inner Thighs

It is also essential to maintain good physical boundaries during massage of the thigh. In most people, the upper inner thigh is a very private, sexually sensitive area. The drape should always cover the upper 3–4 inches of the inner thigh, whether the client is lying on the back (supine) or face down (prone).

In most massage therapy sessions, the therapist should never make contact with the

very upper inner thigh (Image 7). Careless technique is no excuse for the fingers to move under the drape near the genital region. This will make clients uncomfortable and should never happen.

The only exceptions to these guidelines occur when the client specifically requests therapeutic work on an injury in this region. For example, a client may seek treatment for a strained upper adductor muscle-tendon unit from a therapist who is trained in working with those particular injuries. Even in these cases, the genital area should always remain covered and never be grazed or touched. The drape is secured at the

very top of the thigh at the lateral aspect of the pubic bone, delineating a boundary that must never be crossed.

The Lower Abdomen

Some massage techniques include work on the abdomen. Abdominal massage can be very therapeutic for certain conditions, including constipation and injuries to various abdominal muscles. However, the abdomen—especially the lower abdomen—is a very sensual area of the body for most of the population. From my experience as an expert witness, I am aware that lower abdominal massage is often a precursor to a predator therapist moving his hands increasingly lower and in a sexualized way.

As a general rule, the therapist's hands should remain at least 2 inches above the client's pubic bone. (Depending on the client's build, this boundary will lie roughly 2–3 inches below the navel.) There may be some exceptions to this



Image 7



Image 8

Sometimes legitimate accidents do occur. One real example, cited in a book I co-authored with Cherie Sohnen-Moe, *The Ethics of Touch* (Sohnen-Moe Associates, 2013), occurred when a chiropractor found himself in an unfortunate situation that was quickly and easily dealt with through honest and direct communication:

A male chiropractor was beginning to work on a prone female client who was wearing a gown opened in the back. He placed one of his hands on her lower legs and the other hand on her upper back. All of a sudden, with a cry of shock, the client said, "Doctor, what's going on?" The chiropractor looked down and saw that his tie had fallen between the client's thighs. In an even and professional voice, he said, "I'm sorry; my tie slipped and is touching you. Let me keep my hands where they are while you turn your head to see for yourself." The client saw that the chiropractor was telling the truth; because of his clear and honest communication, she relaxed and continued the treatment.⁴

In the case of honest error, as this example illustrates, the therapist immediately stops, apologizes, and provides a direct, straightforward explanation of what has happened. If anything sexually inappropriate occurs more than once by a practitioner, it is likely to be intentional sexual misconduct, and the practitioner should no longer see clients. It is not only the practitioner's but also the spa's or clinic's responsibility to ensure that clients are protected from any inappropriate sexual contact.

guideline, always with client consent, such as treatment of Caesarean section scars or similar surgical scars by a qualified therapist trained in scar tissue work. If the therapist has a good therapeutic reason to perform abdominal massage, he should explain that and receive the client's permission before the treatment begins.

The Genital Region

The genital region should never be touched in a massage or bodywork session under any circumstance, even by accident. I am familiar with multiple cases of fingers repeatedly touching or brushing against a woman's labia, as well as being inserted into the vagina. In almost every case I have testified in, the woman freezes the moment the abuse occurs and is unable to move or say anything. At this point, they are experiencing sexual trauma and often go into shock. A predator therapist may incorrectly interpret this reaction as agreement with what is being done, when actually the client is frozen in fear. After experiencing such abuse, these women may suffer from extreme emotional distress. In the overwhelming majority of cases I've seen, the woman reported an inability to have sexual contact with her partner for years after the violation. Any touching of one's genital region during a massage, even by accident, is never acceptable.

Placement of the Client's Hands

Another type of sexual violation can occur when the client is lying prone (face down) with her hands on the table and her palms facing up toward the ceiling (Image 9). This positioning requires male and female therapists to be very careful. I know of multiple incidents where a therapist's penis and testicles have ended up in the hand of a client—some by accident and others on purpose. When I owned a school, this happened to a young male massage student by accident—just once, for a moment—but it was still profoundly disturbing to the client. He was totally unaware that it had happened until the client reported the



Image 9



Image 10



Image 11

incident to his supervisor. In a special meeting facilitated by the school, he apologized profusely to the client.

I am also aware of multiple cases where this scenario happened repeatedly and was the prelude to other sexually inappropriate acts. Most of these therapists went to jail for this sexual abuse, but their clients still have to live with the impact of these violations.

Massage treatment tables can be quite wide,

and the therapist often must lean over the table to do their work, especially when treating the opposite side of the client's back. I, therefore, suggest that in order to prevent accidental contact with the therapist's genitals, male or female, a client who is lying prone keeps her arms on an armrest beneath the face cradle or drops them over the side of the table, rather than at her sides on the table. If she prefers them at her sides on the table, they can be placed way under her hips and returned to the table during work on the lower legs, arms, head and neck. (Image 10)

Light Touch

I'm now going to describe a type of potentially problematic behavior that is subtler than the ones discussed so far: light touch. About 40 years ago, in the early years of owning a massage school, I began encountering students whose male clients at the practice clinic repeatedly got erections. The students were disturbed that this kept happening—they had no sexual intent—and they reached out for help.⁵ I was called in by the clinic supervisor to figure out what was going on with these particular students.

The common denominator, we discovered, was light touch. Many massage techniques have two parts: the primary movement, where the greatest pressure is applied, and then the firm but lighter drag back to the starting position. Each of these students was working too lightly, especially on the return part of the technique. The issue was not just a matter of pressure—it's OK to use a small amount of force—but the particular quality of the contact. This type of touch felt like a light grazing or brushing against the skin, causing a sensation verging on tickling (Image 11). Even without sexual intent, this type of touch can feel sexual to a client. Once this faulty aspect of the students' technique was recognized, they received more explicit training and their technique was corrected. None had any further issues with client sexual arousal.

With good training, massage therapy students

learn the difference between therapeutic touch and light, potentially sexual touch, and therefore avoid these issues altogether. However, a therapist with sexual intent uses light touch deliberately—often with the palms lifted off the body and/or with the fingertips barely grazing the skin. This light touch may linger for some time. Many of us can sense that something is off when we experience touch that is more sexual than therapeutic, even if we can't pinpoint exactly what's going on.

GUIDELINES FOR SCHOOLS, SPAS, THERAPISTS, AND CLIENTS

► School Owners and Administrators

If you are a school owner, education director, or supervisor of therapists, be sure you have processes in place to (1) screen out inappropriate candidates from entering your program (as either students or staff members),⁶ (2) effectively train students in ethical touch and communication, and (3) detect warning signs that a student or staff member may be acting inappropriately. Be alert for any evidence of poor physical, emotional, or verbal boundaries. If guidelines for ethical boundaries are clearly and explicitly taught, other students will help keep their peers accountable. Encourage all students to come forward and speak to a faculty or staff member if they feel violated or intimidated in any way, and thoroughly investigate any complaints. If you don't take these responsibilities seriously, you run the risk of putting clients, students and other therapists in danger, sully our profession, and destroying the reputation of your school.

► Spa Owners

If you are a spa owner, manager, or supervisor, please carefully consider all the risks outlined in this article. Help prevent abuses in your spa by adhering to the following guidelines:

- Run a Criminal Offender Record Information (CORI) check on your prospective employee,

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if your local or state agency has not done one recently. Relying on a background check performed in the course of licensing makes sense for a practitioner who was licensed a few months ago, but is inadequate for someone who has been practicing for several years.

- Screen your therapists carefully before you hire them, including a thorough check of their references, a Google search, and a social media search. In several cases that I worked on, a simple Google search on the defendant revealed incidences of criminal sexual misconduct that happened out of state or in another country.
- Before hiring a new massage therapist, have him or her interview both with an administrator and with an experienced therapist. A supervisory level staff massage therapist should receive a therapeutic session from this person. It's fine for an administrator to receive a session as well, but highly skilled therapists are much more likely to detect inappropriate actions.
- Periodically send in a “mystery shopper” to ensure your therapists are behaving appropriately.⁷
- Take all client complaints seriously, and meet personally or by phone with any client who lodges a complaint of a sexual nature. (Some clients understandably do not feel comfortable returning to the facility where an incident of sexual abuse occurred and instead prefer to talk by phone or at another

location.) Be aware that clients are usually in shock right after an abusive experience and may not be able to give you a full and accurate account of what occurred right away. Give clients the benefit of the doubt whenever they lodge a complaint, especially a complaint of a sexual nature. It is often difficult and uncomfortable for clients to speak about sexually inappropriate contact. Complaints of clear sexual misconduct (e.g., touching the breasts or genitals, making sexual comments) call for immediate suspension and investigation, followed—if the allegations prove to be true—by termination of employment and a report of the incident to the police and state massage board. More ambiguous complaints e.g., a vague sense of discomfort with a therapist's draping or quality of touch) may be investigated by using a mystery shopper or anonymous surveys, and may warrant conversations with and/or training of the therapist. If your spa receives more than one such complaint about a therapist, consider it a pattern. Do not delay in investigating and taking appropriate action.

- Provide professional supervision by a qualified supervisor and ongoing training in ethics and boundaries.⁸

Following these guidelines can prevent a great deal of pain and suffering. Only by being proactive and establishing clear boundaries can you fulfill your ethical, moral, and legal obligations to your clients.

► **Therapists**

If you are a therapist, I hope this article has reinforced what you already know about safe and ethical practice. All of us in this profession have a responsibility not just to avoid intentional misconduct, but also to take care to avoid even accidental boundary violations. We are responsible for addressing any violations that come to our attention. If we see, hear, or experience troubling behavior from other therapists we encounter in our

work or training, we need to speak up. Depending on the situation, it may be appropriate to check in directly with the person you're concerned about, or to speak to the leaders of the school, spa, or other environment where the incident occurred. In regulated jurisdictions, you may also have an obligation to report to the regulatory body.

GUIDELINES FOR CLIENTS

Identifying a Predator Massage Therapist

If you are a massage therapy or bodywork client, or potential client, please know that almost all massage therapists are honest, professional people who wish to provide the best care possible. Also be aware that there are some unscrupulous, predatory, unhealthy practitioners who slip into the profession and can harm you.

Warning Signs of Predatory Therapists

It's important to be aware of the warning signs of inappropriate behavior. All of the following are red flags:

- Making any contact with the genital region.
- Making contact with the breast without a good reason, prior discussion and consent.
- Working on the upper inner thigh without explicit permission.
- Making sexual comments or jokes.
- Making a pass at you.
- Making inappropriate comments about your body.
- Offering to give you a treatment at your home.
- Offering to treat you for free.
- Not asking, prior to the session, which areas you want the therapist to focus on or to avoid working on.
- Requiring or pressuring you to be nude in your massage session.

- Not leaving the room while you are undressing or dressing prior to and after the session.
- Touching any part of your body with the front of their pelvis.
- Trying to convince you to let them perform a technique you are uncomfortable with.
- Using poor or loose draping or holding the drape too high when you turn over, leaving you feeling exposed.
- Using touch that feels more sexual than therapeutic (e.g., brushing with the fingertips).
- Volunteering excessive or unnecessary information about their personal life.

In addition to these specific inappropriate behaviors, another warning sign is feeling uncomfortable in a session, without knowing why. If something is happening that you haven't agreed to, if you are unsure what is happening, or if you begin to feel uncomfortable, trust your instincts. Many abuse scenarios begin with minor violations that clients notice but do not directly address, thinking they may be imagining something or overreacting.

HEEDING THE SIGNS

What can you do if one of these warning signs occurs? The guidelines that follow outline what I recommend doing—if you're able. (As I'll discuss, this is a big *if*; usually the freeze response makes it extremely difficult to take action.)

As soon as you feel, observe, or sense any of the warning signs described here, stop the session immediately. If in doubt, don't remain silent. You can simply say, "Stop!" Then sit up, keeping your body covered by holding the drape. As the client, you are always entitled to ask a therapist to stop what they're doing, and end the session—at any time, for any reason.

Speaking up right away will greatly increase your ability to protect yourself. In most cases

of therapist sexual abuse, the client goes into a physiological freeze response. It is extremely difficult to speak up while being sexually mistreated. If you can, stop the session as soon as you feel even mildly uncomfortable.

If you suspect that the therapist made an honest mistake and there's a chance you'd want to continue the session, you can talk with him or her directly about what happened. For instance, you might tell the therapist that his or her touch felt too light and ask for their agreement to use a firmer touch from this point on.

If you're not fully comfortable continuing with the massage, tell the therapist you want to

end the session, ask the therapist to leave the room, and get dressed. If you suspect an honest mistake and feel comfortable talking to the therapist about what happened, that's a good place to start. If you suspect intentional inappropriate behavior, report the incident immediately to the management, the police, and the Board of Massage in your state. If you give a verbal report of the abuse to the management, ask to see how they have documented it in writing to make sure that it's accurate and nothing has been left out or changed.

Following the guidelines above is the best way I know to respond to a sexual boundary violation

Breast Massage (or treatment under or near breast tissue)

Most massage therapists trained in the United States do not learn enough in massage school to be qualified to perform breast massage, but some have had good-quality training and/or postgraduate education. There are several reasons a woman may want to have breast massage or injury treatment near or under the breast tissue. As mentioned above, a painful, clogged milk duct for a mother who is breast feeding, a painful post-mastectomy scar, a strained lower pectoral muscle which goes under the breast or strained intercostal muscles (breathing muscles between the ribs) that are near, at the side or under the lower breast tissue.

Two factors are essential for the client in need of breast treatment or treatment near breast tissue: therapist education and trustworthiness. Before seeking out or agreeing to breast massage or treatment near or beneath breast tissue, question the therapist carefully about the education and experience he or she has received. It is also quite appropriate to ask for contact information for one or more clients who have received this work from the therapist. Take your time to decide and never let yourself be pressured into saying yes. A trustworthy professional will offer information, answer all questions, and expect the client to take some time to think it through.

It is also always appropriate to stop and think about whether you feel you can trust a therapist with this more sensitive type of treatment, even if you are comfortable receiving other types of work from the person. Especially if the therapist is male, you may personally prefer to receive breast treatment from a woman. It's perfectly OK to make this choice. A principled therapist will always respect it and probably have referrals to offer.

in a massage or bodywork session. The more you can recognize the early signs of trouble, trust your gut when something doesn't feel right, and take action, the better your chances of keeping yourself safe.

As mentioned earlier, however, the most common reaction in these situations is a freeze response. The shock reaction, frequently coupled with feelings of shame and other strong emotions, may last for some time. Should you freeze and find yourself unable to do anything right at the moment, focus on moving toward action as soon as you can, in whatever way feels safe. You might call someone you trust and ask them to meet you and provide support as you file a police report. And whatever degree of boundary violation occurred, I strongly recommend you consult a therapist or seek other forms of support. There are many qualified professionals with experience counseling individuals who've experienced this type of incident.

On the Side of Caution

Every time I hear of new cases of sexual abuse, I feel angry and deeply saddened, both for the clients and for the therapists; these perpetrators are unhealthy and disturbed individuals. I'm also frustrated to see many missed opportunities for prevention. Quite a few cases have involved clear management negligence, where owners, managers, or supervisors failed to do simple background checks or to take complaints seriously and investigate them.

To some of you working in the field, the precautions I advocate might sound a bit extreme. I assure you they are not. Erring on the side of caution protects not only our clients, but also the reputation of our profession as a whole. Massage therapy has been shown to have tremendous value in promoting health and well-being. Everyone has a right to enjoy these benefits without fear of sexual, physical or emotional harm.



Since 2004, **Ben Benjamin, PhD**, has worked as an expert witness in cases involving sexual abuse by massage therapists and bodyworkers. He has authored many articles on professional ethics and co-authored the *Ethics of Touch* with Cherie Sohnen-Moe (Sohnen-Moe Associates, 2013). Dr. Benjamin has taught courses in ethics, boundaries, and communication to somatic therapists for more than 30 years. He can be contacted at drben@benbenjamin.com or www.benbenjamin.com.

Notes

1 US Department of Justice National Sex Offender Public Website, “Facts and Statistics,” accessed May 2016, www.nsopw.gov/en-US/Education/FactsStatistics.

2 Hanna Rosin, Slate.com, “When Men Are Raped,” (April 29, 2014) accessed May 2016, www.slate.com/articles/double_x/doublex/2014/04/male_rape_in_america_a_new_study_reveals_that_men_are_sexually_assaulted.html.

3 American Psychological Association, “Child Sexual Abuse: What Parents Should Know,” Page 2, (February 19, 2014) accessed May 2016, www.apa.org/pi/families/resources/child-sexual-abuse.aspx And The National Child Traumatic Stress Network: “Child Sexual Abuse Fact Sheet”, http://nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf; Page 3, April 2009.

4 Cherie Sohnen-Moe and Ben E. Benjamin, *The Ethics of Touch*, 2nd ed. (Tucson, AZ: Sohnen-Moe Associates, 2014): 94.

5 Ibid, 151–53.

6 This, of course, is very difficult to do in an interview. You may not be able to identify sexual predators who give you all the answers you want to hear. However, it's easier to detect individuals who are simply immature or have poor boundaries. I recommend asking any prospective student about boundary-related issues—for instance, “How are you at saying no to things you don't want to do?” “Do you understand the concept of keeping good boundaries? What does that mean to you?” “What would you do if a client asked you out for coffee?”

7 You can contact a mystery shopper service to hire a person to visit your facility, receive a session with one or more of your therapists, and report back to you about the quality of their work, their level of professionalism, and any boundary violations that occurred. Alternatively, you can independently hire a person who has been in the field for a long time—especially as an instructor of massage, communication skills, or ethics at a local massage therapy school—to perform this service.

8 For details on important qualifications for supervisors, see Cherie Sohnen-Moe and Ben E. Benjamin, *The Ethics of Touch*, 2nd ed. (Tucson, AZ: Sohnen-Moe Associates, 2014): 290–91.