

Requirements for Sexual Abuse and Sexual Misconduct Standards

Introduction

In March 2024, the Nova Scotia Regulated Health Professions Network (the “Network”) was tasked by the Department of Health and Wellness to establish the minimum requirements for a standard on sexual abuse and sexual misconduct. The objective of the minimum requirements is to establish a consistent framework and uniform definitions concerning sexual misconduct amongst regulated health professions.

According to section 10 of the Regulated Health Professions General Regulations:

By December 3, 2024, an existing regulator and a regulatory body must adopt a mandatory standard of practice for addressing sexual misconduct and sexual abuse. The mandatory standard of practice must contain definitions of “sexual misconduct” and “sexual abuse.”

Outside of the scope of the minimum requirements is sexual abuse and sexual misconduct in relation to individuals other than clients, including but not limited to, students, employees, colleagues, and interdependent relations.

1.0 Definitions

1.1 Sexual misconduct is any actual, threatened, or attempted sexualized behavior or remarks by a registrant towards a client or in a client’s presence, including but not limited to, the following acts or omissions by the registrant:

- 1.1.1 Making sexually suggestive, flirtatious, or demeaning comments about a client’s body, clothing, or sexual history, orientation or preferences.
- 1.1.2 Discussing the registrant’s sexual history, sexual preferences, or sexual fantasies with a client.
- 1.1.3 Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.
- 1.1.4 Rubbing against a client for sexual gratification.
- 1.1.5 Removing the client’s clothing, gown, or draping without consent or emergent medical necessity.

- 1.1.6 Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.
- 1.1.7 Dressing or undressing in the presence of a client.
- 1.1.8 Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.
- 1.1.9 Showing a client sexually explicit materials.
- 1.1.10 Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.
- 1.1.11 Hugging, touching or kissing a client in a sexual manner.
- 1.1.12 Fondling or caressing a client.
- 1.1.13 Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.
- 1.1.14 Sexual abuse.
- 1.2 No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant.
- 1.3 **Sexual abuse** is a form of sexual misconduct. The following acts between a registrant and a client constitute sexual abuse:
 - 1.3.1 Sexual intercourse.
 - 1.3.2 Genital to genital, genital to anal, oral to genital, or oral to anal contact.
 - 1.3.3 Masturbation of a registrant by a client or in the client's presence.
 - 1.3.4 Masturbation of a client by a registrant.
 - 1.3.5 Encouraging the client to masturbate in the registrant's presence.
 - 1.3.6 Sexualized touching of a client's genitals, anus, breasts, or buttocks.
- 1.4 **Client** means the individual who is the recipient or intended recipient of health care services from a registrant, and, where the context requires, includes a substitute decision-maker for the recipient or intended recipient of health care services, and includes a vulnerable former client.
- 2.0 Professional misconduct**
- 2.1 Sexual misconduct constitutes professional misconduct.

3.0 Standard Requirements

In addition to the definitions as stated in section 1 and the prohibition in section 2, the following are requirements that each regulator must include in their standard on sexual abuse and misconduct.

3.1 Definitions

3.1.1 Each regulator **must** define “vulnerable former client” and develop a corresponding prohibition regarding sexualized conduct involving vulnerable former clients in its standard.

Within the regulator’s definition of “vulnerable former client”, it is recommended that they consider the time period and/or contextual factors used to assess when the professional-client relationship is terminated, if ever.

3.2 Sexual Misconduct Prohibition

3.2.1 Each regulator **must** include the following prohibition regarding sexual misconduct in its standard:

A registrant must not engage in sexual misconduct.

3.3 Mandatory Duty to Report

3.3.1 Each regulator’s standard **must** include the requirements:

- for a registrant to report to the registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct;
- for a registrant to report to the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct; and
- for a registrant to report to an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.

3.4 Each regulator’s standard must address sexual misconduct when a spouse or intimate partner is a client.

3.5 Each regulator’s standard must state that the registrant must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this standard.