

Standard for Preventing Sexual Abuse

The [Regulated Health Professions Act, 1991](#) prohibits sexual relations between members and patients. Sexual relations between a member and a patient are considered sexual abuse. The Act defines sexual abuse as:

- Sexual intercourse or other forms of physical sexual relations
- Touching of a sexual nature
- Behaviour or remarks of a sexual nature.

Touching, behaviour, or remarks that are clinically appropriate and related to the service being provided are not included in the definition of sexual abuse.

This standard addresses the following principles:

[Principle 1: Members must not sexually abuse their patients.](#)

[Principle 2: Members must always get written consent for treatment that involves contact with sensitive areas.](#)

[Principle 3: Members must report sexual abuse.](#)

Principle 1: Members must not sexually abuse their patients.

Sexual abuse of a patient is a serious breach of patient trust. It involves a misuse of power in the patient-practitioner relationship. A patient's consent to participate is not a defense of sexual abuse. The imbalance of power means that a patient cannot consent.

Applying the principle to practice

Members must never enter into a sexual relationship with a current patient.

Former patients

Members can only enter into a sexual relationship with a former patient under the following conditions:

- At least one year has passed since the last patient visit or the date that the patient-practitioner relationship ended.
- The sexual relationship is not based on the trust and intimacy developed during the patient-practitioner relationship, and there is no longer a power imbalance in favour of the member.

Emergencies

Members must not provide services to a person with whom they have a sexual relationship, including spouses, except in an emergency. An emergency means that there is reason to believe that the person will suffer severely or is at risk of serious bodily harm unless treatment is provided. If possible, the member must transfer patient care to another health professional as soon as they can.

Record keeping

Members must record the nature of the emergency and note the information of the healthcare professional to whom they transferred the patient's care.

Principle 2: Members must always get written consent for treatment that involves contact with sensitive areas.

Sensitive areas include the upper and inner thigh, buttocks, penis, vagina, breasts, and chest wall muscles.

Applying the principle to practice

The College's [Standard for Consent](#) requires members to always tell patients what body parts will be touched during a proposed treatment. However, when the proposed treatment involves sensitive areas, members must take extra care to explain what areas will be touched, how it will be touched, why it is necessary to touch, and whether it will be exposed during the treatment.

If the touch involves the breast, members should not touch the nipple or the areola. If sensitive areas are being treated, they should be exposed as little as possible. Draping and positioning should be discussed before treatment.

Members should consider the history, gender, and culture of patients when talking about this. These factors may affect how a patient feels about contact in sensitive areas.

Record keeping

Members must always have a record of the patient's written consent to treatment in sensitive areas. They must carefully chart the conversation with the patient to ensure that both the patient and member are fully aware of what can occur during the proposed treatment.

Principle 3: Members must report sexual abuse.

If a member has reason to believe that another regulated health professional has sexually abused a patient, they must file a report.

Applying the principle to practice

If the patient told the member about the abuse

Members must explain to the patient that they are required by law to make a report. The member must ask the patient if they can include their name. If the patient agrees, their consent must be in writing.

Where and when to file the report

Members must file their written report with the Registrar of the regulated college that the health professional belongs to.

To prevent continued abuse, the report must be filed as soon as possible, and no later than 30 days after learning of the alleged abuse.

What to include in the report:

- The name of the person filing the report
- The name of the health professional who is the subject of the report
- Details of the alleged sexual abuse
- The name of the patient who may have been sexually abused, if they have consented in writing to give their name.

Record keeping

Members must keep a copy of the report and the patient's signed consent on file.

Learn more about the laws governing our practice:

[CTCMPAO's Jurisprudence Course Handbook](#)

[Professional Misconduct Regulation of the *Traditional Chinese Medicine Act, 2006*](#)