

Client Relations Committee Position Statement on Terminology Related to Sexual Abuse

Preamble

Foundational to the work of the Client Relations Committee (CRC) is a shared understanding of terms that are relevant to the prevention of sexual abuse by members and to an effective process for responding to sexual abuse allegations.

Ensuring that each committee and panel of the College is operating from the same working understanding of terminology – stated in unambiguous language – will assist in fostering a clear and empathetic appreciation of the impact that sexual abuse by members has on individual clients and on the public’s trust in Registered Psychotherapists. It will also allow for consistency of approach to dealing with allegations of sexual abuse.

Communicating with members using these terms will assist in fostering comprehension of their obligations (including around mandatory reporting of sexual abuse), and of zero tolerance.

Most importantly, the consistent use of these terms in all information offered to the public will not only educate them about the role of CRPO in providing them with protection from sexual abuse, but will increase the transparency of College processes as well.

Client

The revised definition of patient, which will come into force when the relevant provision of the [Protecting Patients Act, 2017](#) is proclaimed, is as follows:

For the purposes of the sexual abuse provisions of the Code, the definition of “patient”, without restricting the ordinary meaning of the term, is expanded to include an individual who was a member’s patient within the **last year or within such longer period** of time as may be prescribed from the date on which they ceased to be a patient, and an individual who is determined to be a patient in accordance with the criteria set out in regulations.

Note: The [Regulated Health Professions Act, 1991](#) uses the term “patient”, whereas CRPO prefers “client”. Given the nature of psychotherapy, “client” is intended to be a more humanistic and inclusive term for individuals, couples and families seeking the benefits of therapy. The College acknowledges that some members will use the word “patient” and intends the use of client and patient to be interchangeable.

Relationship

A therapeutic relationship is a professional working alliance between the client (potentially including a client’s family members, substitute decision maker and/or guardians) and the RP

that has the aim of developing a level of trust that will support assessment and treatment intended to enhance the client's well-being.

An RP's relationship with clients must be both professional and therapeutic. Both of these aspects require RPs to conduct themselves in a way that is free of all forms of abuse, including sexual abuse.

Note: It is not possible for a client to have a sexual 'relationship' with a Registered Psychotherapist. Sexual contact between a client and an RP (including an individual who is no longer under the care of the RP but who meets the definition of "client" as it relates to post-termination involvement) is considered to be sexual abuse.

Boundary

Boundaries are derived from ethics, morality and law. They ensure the professional, therapeutic relationship and exist to protect clients from harm. Boundaries delineate the expected and accepted psychological and social distance between practitioners and clients, transgression of which involves the therapist stepping out of the clinical role or breaching the clinical role¹.

Areas where there is a risk of boundary crossing or violation in relation to sexual abuse in psychotherapy include, but may not be limited to:

- self-disclosure
- length and place of sessions
- giving or receiving gifts
- bartering
- activities outside the office
- incidental encounters, social and other nontherapeutic contacts
- digital boundaries (e-mail and text contacts, telehealth, Google, and issues regarding online social networking between therapists and clients)
- various forms of dual relationships
- established customs
- offering personal opinions
- becoming personal friends
- touching

Boundary Crossing

"Boundary crossing occurs any time a professional deviates from the strictest professional role. Boundary crossings can be helpful, harmful, or neutral. Boundary crossings can become boundary violations when they place clients at risk for harm²."

¹ Based on the definition from V. K. Aravind, V. D. Krishnaram, and Z. Thasneem (2012). Boundary Crossings and Violations in Clinical Settings Indian J Psychol Med. 2012 Jan-Mar; 34(1): 21–24.

² Knapp, S. and Slattery, J. M. (2004). Professional boundaries in nontraditional settings. *Professional Psychology*, 35, 553-558.

Boundary Violations

Boundary violations are harmful. They typically occur when therapists are engaged in exploitative dual relationships.

Abuse

Sexual Abuse

Sexual abuse of a patient is defined in the [Health Professions Procedural Code](#) (HPPC), which is Schedule 2 to the RHPA, as:

- a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
- b) touching, of a sexual nature, of the patient by the member, or
- c) behaviour or remarks of a sexual nature by the member towards the patient.

“Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

Sexual Assault

Sexual assault is defined in the [Criminal Code of Canada](#) (CCC) as:

“... any form of sexual contact without both parties’ voluntary consent.”

Sexual Harassment

The [Ontario Human Rights Code](#) defines harassment as:

“... engaging in a course of vexatious comments or conduct that is known or ought to be known to be unwelcome.”

Sexual harassment is defined as any behaviour or communication directed at someone with the intention of attacking their sexuality, sexual identity, or sense of safety.

Physical Abuse

(e.g., pushing, shoving, shaking, slapping, hitting or other physical force that may cause harm)

Verbal Abuse

(e.g., derogatory or demeaning comments, cultural slurs, use of profane language, insults)

Emotional Abuse

(e.g., threats, intimidation, insults, humiliation and harassment, dismissive behaviour, manipulation, scolding)

Financial Abuse/Exploitation

(e.g., theft, forging a person's signature, influencing a patient/client to change his or her will)

Cyber Abuse

(e.g., cyber bullying by conveying inappropriate images and words through any form of electronic media)³

³ From the College of Respiratory Therapists of Ontario

Consent

In the client-therapist relationship, there is an inherent power imbalance and, therefore, it is never possible for a client to legitimately consent to any sexual contact. Any such contact constitutes an abuse of the RP's position of trust, power or authority.

Power

A therapist's power can be used to empower or control clients in therapy. This power results from the imbalance between the therapist and client in the therapeutic relationship. This imbalance exists because of the helping role, knowledge or expertise of the therapist compared with the client.