College of Registered Psychotherapists of Ontario

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 registrants 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 will assist in fostering a clear and empathetic appreciation of the impact that sexual abuse by registrants 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 registrants using these terms will assist in fostering comprehension of their obligations (including 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 by registrants, but will increase the transparency of College processes as well.

TERMINOLOGY

Client: For the purpose of sexual abuse allegations, an individual is a client of a registrant if there is direct interaction between the registrant and the individual, and any of the following conditions are satisfied:

- The registrant has, in respect of a health care service provided by the registrant to the individual, charged or received payment from the individual or a third party on behalf of the individual.
- The registrant has contributed to a health record or file for the individual.
- The individual has consented to the health care service recommended by the registrant.

For the purposes of sexual abuse allegations, an individual remains a client for five years following the termination of the professional relationship.

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 registrants 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. The therapeutic relationship is one 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.
Notably, 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 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 role[1].

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, and issues regarding online social networking between therapists and clients)
- various forms of dual relationships
- established customs
- offering personal opinions
- becoming personal friends
- touching

[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.

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 harm[2]." Generally, a helpful boundary crossing will be one that is clinically indicated, modality-appropriate, and done with informed consent from the client and with safeguards in place. Harmful boundary crossings would result in discomfort for either the client or practitioner and may negatively impact the therapeutic relationship. Notably, the same action – for example, supportive touch – could be helpful, harmful, or neutral depending on the client, context, and interpretation.

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

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 registrant and the patient,

b) touching, of a sexual nature, of the patient by the registrant, or

c) behaviour or remarks of a sexual nature by the registrant 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 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: Pushing, shoving, shaking, slapping, hitting or other physical force that may cause harm.

Verbal Abuse: Derogatory or demeaning comments, cultural slurs, use of profane language, or insults.

Emotional Abuse: Examples include threats, intimidation, insults, humiliation and harassment, dismissive behaviour, manipulation, or scolding.

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

Financial Abuse/Exploitation: Examples include theft, forging a person's signature, or influencing a patient/client to change his or her will.

Cyber Abuse: Bullying by conveying inappropriate images and words through any form of electronic media[3].

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.

[3] From the College of Respiratory Therapists of Ontario