

<b>SP-C001</b>
<b>Sexual Misconduct and Sexual Abuse</b>
<b>Approved Date: NSCC January 2025</b>
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**This document continues the NSCC Sexual Misconduct and Sexual Abuse Standard of Practice (Jan 2025) upon migration to the Regulated Health Professions Act as the NSCNR.**

**Note to Readers: *In the event of any inconsistency between this document and the legislation that governs chiropractic and naturopathic practice in Nova Scotia, the legislation prevails.***

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## **1. INTRODUCTION**

The Nova Scotia Chiropractic and Naturopathic Regulator (**NSCNR**) is the regulatory authority for the practice of chiropractic and naturopathy in the Province of Nova Scotia. The NSCNR serves and protects the public interest to advance ethical and competent chiropractic and naturopathic care in Nova Scotia.

In accordance with Nova Scotia's *Regulated Health Professions Act (2023)* and *Regulated Health Professions General Regulations (2023)*, the **Nova Scotia Chiropractic and Naturopathic Regulator (NSCNR)** has adopted a mandatory Standard of Practice for addressing sexual misconduct and sexual abuse.

The Nova Scotia Chiropractic and Naturopathic Regulator (NSCNR) serves and protects the public interest to advance ethical and competent chiropractic and naturopathic care in Nova Scotia.

This Standard establishes the minimum expectations for professional and ethical conduct in preventing and responding to sexual misconduct and sexual abuse. All chiropractic and naturopathic doctors registered with the regulator are required to be familiar with, and comply with, this Standard and all other applicable standards of practice set by the NSCNR.

## **2. APPLICATION AND ADMINISTRATION**

This Standard of Practice shall apply to all chiropractors and naturopathic doctors registered with the NSCNR (the "**Registrant**" or collectively the "**Registrants**").

The administration and application of this Standard of Practice shall be the responsibility of the NSCNR. Should the NSCNR become aware of any alleged breach or non compliance with this Standard of Practice, it may take any action it considers appropriate, including but not limited to:

- a. contacting a Registrant to request the immediate remedy of any suspected breach or non-compliance;
- b. filing a formal complaint under the *Regulated Health Professions Act* regarding the suspected breach or non-compliance; and

- c. initiating the complaints and disciplinary procedures as per the RHPA and associated Regulations for any external complaint received.

### **3. OBJECTIVES**

The therapeutic registrant-client relationship is based on trust, respect and protecting the client's dignity, autonomy, and privacy irrespective of the context or duration of the relationship.

Within the therapeutic registrant-client relationship, registrants are required to maintain professional boundaries at all times to ensure the therapeutic relationship is safe and respected. In the registrant-client relationship, registrants hold a position of power by virtue of:

- having professional knowledge and skills that the client relies on;
- having access to the client's personal health information; and
- being in a position of authority.

Given the power differential, the duty to maintain professional boundaries always lies with the registrant and not the client. A violation of professional boundaries is a breach of trust. Sexual misconduct by a registrant towards a client violates professional boundaries and constitutes professional misconduct.

The purpose of this Standard is to outline the practice, behavioural, and reporting expectations of all registrants regarding sexual misconduct.

### **4. DEFINITIONS**

For the purposes of this standard of practice additional definitions are set out in the relevant sections below.

### **5. STANDARDS OF PRACTICE**

1. A registrant must not engage in sexual misconduct.
2. Sexual misconduct constitutes professional misconduct.
3. A registrant must always obtain explicit informed consent from a client prior to performing a clinically indicated intimate examination or procedure, including when a client is required to undress and/or gown. This should include:
  - a. explaining why the examination or procedure is recommended;
  - b. explaining the risks, benefits, and alternatives of the examination or procedure;

- c. explaining, in a way the client can understand, the nature of the examination or procedure including what it will involve;
  - d. giving the client an opportunity to ask questions; and
  - e. explaining that the client can ask at any time for the examination or procedure to stop.
4. A registrant must immediately notify the Regulator upon forming reasonable grounds to believe that another practitioner is committing or has committed sexual misconduct.
5. A registrant must report to the regulatory body of another health profession if they have reasonable grounds to believe that a registrant of that profession has engaged in sexual misconduct.
6. A registrant must report to an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct. For purposes of this section 6, the definition of sexual misconduct applies to an employee as though they were a registrant.
7. A registrant must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this Standard.
8. When used in this Standard, the following words will have the definitions as set out below:
  - a. **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:
    - i. Making sexually suggestive, flirtatious, or demeaning comments about a client's body, clothing, or sexual history, orientation or preferences.
    - ii. Discussing the registrant's sexual history, sexual preferences, or sexual fantasies with a client.
    - iii. Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.
    - iv. Rubbing against a client for sexual gratification.
    - v. Removing the client's clothing, gown, or draping without consent or emergent medical necessity.

- vi. Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.
  - vii. Dressing or undressing in the presence of a client.
  - viii. Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.
  - ix. Showing a client sexually explicit materials.
  - x. Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.
  - xi. Hugging, touching or kissing a client in a sexual manner.
  - xii. Fondling or caressing a client.
  - xiii. Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.
  - xiv. Sexual abuse.
- b. **Sexual abuse** is a form of sexual misconduct. The following acts between a registrant and a client constitute sexual abuse:
- i. Sexual intercourse.
  - ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact.
  - iii. Masturbation of a registrant by a client or in the client's presence.
  - iv. Masturbation of a client by a registrant.
  - v. Encouraging the client to masturbate in the registrant's presence.
  - vi. Sexualized touching of a client's genitals, anus, breasts, or buttocks.
9. No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant.
10. **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.

11. For clarification:

- a. subject to subsection (c) below, an individual is considered a former client when the registrant-client relationship has ended;
- b. the following factors should be considered when determining whether the registrant-client relationship has ended:
  - i. completion of treatment plan;
  - ii. achievement of treatment goals;
  - iii. client's decision to end therapeutic relationship;
  - iv. mutual agreement that no further care is necessary;
  - v. registrant's judgment that continuing care is not beneficial; and
  - vi. external circumstances (e.g. relocation, change in registrant's status, etc.);
- c. regardless of whether the registrant-client relationship has been terminated, any person who has received health care services from the registrant in the preceding 12 months is deemed to be a client for purposes of this Standard;
- d. it is possible that a person who received health care services from the registrant more than 12 months ago is still a client, if that person remains the intended recipient of health care services.

12. **Vulnerable former client** means an individual who was previously but is no longer actively receiving health care services from the registrant, but who continues to be vulnerable – physically, mentally or emotionally – and therefore necessitates ongoing protection from potential sexual misconduct. A former client who is vulnerable continues to be a “client” pursuant to the definition in this Standard so long as they continue to be vulnerable. Registrants should consider the following factors when determining whether a former client is vulnerable:

- a. the nature, length and intensity of the former doctor-patient relationship;
- b. the nature of the former client's clinical condition;

- c. the type of care provided by the registrant;
  - d. the extent to which the former client has confided personal or private information to the registrant;
  - e. the former client's mental health status;
  - f. the former client's social support network;
  - g. the former client's physical health;
  - h. the former client's history of abuse or trauma;
  - i. the former client's history of dependency;
  - j. the former client's emotional attachment;
  - k. seeking continued contact with the registrant;
  - l. the former client's age;
  - m. the length of time since the termination of the doctor-patient relationship; and
  - n. such other factors relevant to the particular circumstances.
13. Consent is not a defence to an allegation of sexual misconduct.

## 6. EXEMPTIONS

- For purposes of this Standard only, a spouse of the registrant is not considered a client.
- **Spouse** means a person who the registrant is legally married to, or an intimate partner who has lived with the registrant in a conjugal relationship outside of marriage continuously for a period of not less than 12 months.
- This exemption allows the registrant to treat their spouse while maintaining a consensual sexual relationship, provided the sexual conduct, remarks or behaviour do not occur during or in the context of the professional healthcare practice.



- The registrant must ensure that informed consent is obtained from their spouse in a manner consistent with any other client, ensuring the spouse is fully aware of the professional boundaries during treatment.
- The registrant should document the treatment relationship with their spouse as thoroughly as they would with any other client, maintaining clear records to ensure transparency and professional conduct.

## **7. RESTRICTIONS**

There are no applicable restrictions to this Standard of Practice.

## **8. LEGISLATIVE CONTEXT**

Regulated Health Professions Act  
Regulated Health Professions General Regulations

## **9. RELATED REFERENCES**

NSCNR Standard of Practice: Patient Record Management  
NSCNR Code of Ethics