



Sexual Abuse Prevention Program

The College of Dietitians of Ontario is committed to zero-tolerance of sexual abuse of clients by its members. We recognize the importance of having a robust *Sexual Abuse Prevention Program* for our members and responsive strategies regarding the sexual abuse of clients. The *College's Sexual Abuse Prevention Program* outlines the strategies that we have in place that protect and serve the public.

PLEASE NOTE

In matters of sexual abuse, the *Regulated Health Professions Act 1991* specifically refers to “patients” of health professionals. Therefore, in this document, the term ‘client’ means ‘patient’.

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1. Goals and Objectives of the Sexual Abuse Prevention Program

This *Sexual Abuse Prevention Program* is a comprehensive resource that describes the strategies, programs and policies that the College of Dietitians of Ontario (the College) has in place to prevent sexual abuse and for handling complaints and reports of sexual abuse by Registered Dietitians (RDs).

The Program is designed to:

- Provide a strategic focus for the development of processes, procedures, resources, and activities aimed at preventing and deterring sexual abuse of clients by members;
- Develop a high level of organizational and member awareness in matters of sexual abuse through prevention strategies, sensitivity training and education;
- Have measures in place for adequately handling complaints of sexual abuse of client by RDs; and
- Have measures in place for supporting any client who has been sexually abused by an RD.

2. The College's Zero-Tolerance Philosophy

The College is committed to zero-tolerance of sexual abuse of clients by RDs. Sexual relations of any kind within a therapeutic RD-client relationship is unacceptable and will not be tolerated.

3. What Is Sexual Abuse

The *Health Professions Procedural Code* (the Code) of the *Regulated Health Professions Act, 1991* (RHPA) defines "Sexual Abuse" in Section 1(3) as:

- Sexual intercourse or other forms of physical sexual relations between the member and the patient/client;
- Touching of a sexual nature of the patient/client by the member; or
- Behaviour or remarks of a sexual nature by the member towards the patient/client.

Under this definition, sexual abuse includes intercourse, sexualized banter, sexualized physical activities or other non-touching sexualized behaviours. However, the Code clarifies under Section 1(4) that "sexual nature" does not include touching, behaviour or remarks of a clinical nature that would be appropriate to the service provided.

a. Criteria for determining who is a client

Within the context of sexual abuse specifically, Section 1(6) of the Code and related regulations help define an individual as a client of an RD where they have engaged in a direct interaction and *any* of the following conditions are met:

- The RD charged or received payment for the health care service provided to the individual.
- The RD contributed to the individual's health record (e.g., charting the interaction).
- The individual consented to the health care service recommended by the RD.

- The RD prescribed a drug (under a delegation) for which a prescription is needed to the individual.

Even if none of the above circumstances exist, an individual can still be a client of an RD where there are other circumstances creating a dietitian-client relationship. A dietitian cannot avoid the sexual abuse provisions by providing free and undocumented services without seeking the consent of the individual.

Under the Code, an individual remains the RD's client for an entire year after the therapeutic dietitian-client relationship has ended. Having romantic or sexual relationships with a client during that time is strictly forbidden and considered sexual abuse.

b. Consent is irrelevant

Consent is irrelevant, even if the client initiates or willingly participates in the sexual activity. Where both parties genuinely consent at the time, it is still prohibited. Sexual relations with a client are never permitted. Evidence of sexual exploitation is not required.

c. There are no spousal exceptions for RDs

There are no spousal exceptions for RDs. Sexual activity with a client, even if the client is a spouse or partner, is considered sexual abuse under the law.

4. The College's Regulatory Obligations

The College is diligent in complying with its regulatory obligations to protect the public. We are dedicated to continuously strengthening our *Sexual Abuse Prevention Program* to support zero-tolerance of sexual abuse of clients by RDs.

a. The Patient Relations Program

Under the RHPA, each regulatory health college must have a Patient Relations Committee and a Patient Relations Program. The Patient Relations Program must have measures for preventing and addressing sexual abuse of clients. These measures include educational requirements for members, guidelines for the conduct of members with their clients, training for the College's staff and committee members, and the provision of information to the public.

In keeping with the regulatory obligation to address sexual abuse of clients by members, the College's Patient Relations Program has developed this *Sexual Abuse Prevention Program* to:

- Educate members about maintaining professional boundaries to prevent sexual abuse of clients;
- Develop strategies for public information programs to explain how the College assists individuals to exercise their rights as nutrition health consumers under the *Health Professions Procedural Code* of the RHPA with regard to complaints, sexual abuse and the discipline process;
- Maintain efficient complaints handling procedures for complaints of sexual abuse;
- Ensure staff members are trained on how to handle complaints of sexual abuse;
- Ensure that the Discipline and the Inquiries, Complaints and Report Committees have the

- necessary and timely resources for the deliberation of complaints of sexual abuse;
- Ensure that the College provides funding for therapy and counselling for victims of sexual abuse by College members; and
- Continually assess and make necessary improvements to the *Sexual Abuse Prevention Program* to make sure that College policies, procedures, and training protocols support the appropriate handling of sexual abuse matters.

b. Funding for Therapy and Counselling for Victims of Sexual Abuse

Under the RHPA, all regulatory health colleges are required to establish a fund to reimburse the delivery of therapy and counselling to a person alleging, in a complaint or report, that they were sexually abused by a member while they were a client. An application for funding can be made at any point during the investigation process. Funding is not dependent on a finding of guilt by the Discipline Committee or a criminal conviction, although these can be grounds to approve funding for therapy or counselling. A client's eligibility for funding is not considered a finding against the dietitian and cannot be considered as part of the investigation or Discipline processes.

In keeping with the RHPA, the Patient Relations Committee has the responsibility to process applications for funding for therapy and counselling in a timely manner. Through its strategic planning and annual planning processes, the College ensures that the Patient Relations Committee is prepared to administer the funding for therapy and counselling.

c. Procedures for Handling Complaints

The College's procedures for handling complaints are specified within the RHPA and are similar to those of all other colleges regulated under the RHPA. These procedures can be found on the College website: see [Making a complaint](#). Enhanced procedures which are complainant-centered and designed to provide a safe, supportive environment are applied to this process when complaints pertain to misconduct of a sexual nature.

In the event of a complaint, the College will ensure the immediate availability of a staff member to process the complaint. Complainants will also have the option of speaking with a staff member in either official language. Complaints may be submitted in writing or in other acceptable formats.

Should the complainant wish to meet with a staff member, such a meeting will be arranged in accordance with the following criteria:

- The meeting will take place in a setting which ensures the complainant's privacy;
- The complainant's consent will be obtained for the presence of any additional College personnel. Likewise, complainants may request that two (2) staff members attend the meeting; and
- Complainants will be advised prior to the meeting that they may be accompanied by a support person (i.e., friends, counsellors, interpreters, legal counsel).

d. Staff Training for Handling Complaints of Sexual Abuse

The College recognizes that it may be difficult for RDs or members of the public to report an occurrence of sexual abuse. There may be a fear that the process could be traumatic and result in further trauma or that additional unpleasant consequences might arise from the reporting process.

The College is committed to ensuring that staff members are properly trained and that proper procedures exist for the intake of complaints or reports of sexual abuse. College policy is that all College staff receives regular sensitivity training to ensure that any individual calling the College to complain about sexual abuse by an RD is treated fairly, respectfully and sensitively. Complaints are normally referred to the Registrar & Executive Director or, in their absence, to the Registration Program Manager. Once a complaint is formally received in writing (or another acceptable format), it is referred to the College's case manager who has training in handling and investigating complaints of a sexual nature.

e. What Happens After the College Receives a Complaint of Sexual Abuse

Once a complaint is officially received, the College's case manager sends a copy of the complaint to the dietitian within 14 days of the College receiving it. After the RD receives the notice of complaint from CDO, the dietitian has 30 days to respond to it, in writing.

A Panel of the Inquiries, Complaints and Reports Committee (ICRC) is formed to oversee the investigation of the complaint and to ensure the investigation is fair and objective. The Panel is made up of individuals appointed by the Provincial Government and RDs. Once the investigation of the complaint is complete, the ICRC Panel can:

- Take no further action.
- Issue a written reminder or advice.
- Require the RD to appear in person to receive an oral caution.
- Direct the RD to complete a specified continuing education and remediation program (SCERP).
- Refer the RD to the Discipline Committee for specified allegations of professional misconduct.
- Refer the matter to another ICRC Panel to make inquiries into possible mental or physical health concerns that might interfere with the RD's ability to practise safely.
- Take any other action that is not inconsistent with the RHPA or the College's regulations and by-laws.

f. Penalties for Sexual Abuse

When the Discipline Committee receives a referral it conducts its own hearing of the allegations of professional misconduct. Clients alleging sexual abuse have certain rights to help protect their privacy during these proceedings, including the right to have an order banning publication of their identity and restrictions on the right of access to their counselling or therapy records. After the presentation of evidence, if the Discipline Committee of the College makes a finding that a member has committed an act of professional misconduct by sexually abusing a client, at minimum, the member will receive a reprimand and a suspension. If the abuse involves specific sexual acts listed in the RHPA (e.g., sexual intercourse), the member's registration is revoked for a minimum of five (5) years.

In addition, after finding that a member has committed an act of professional misconduct by sexually abusing a client, the Discipline Committee can also order the member to reimburse the College for any funding paid out to the client for therapy and/or counselling.

g. Postings in the Register of Dietitians

The Public Register of Dietitians includes a notation of the fact that a matter relating to a member has been referred by the Inquiries, Complaints and Reports Committee to the Discipline Committee. This notation will include a summary of the allegations, the notice of the hearing, the dates of the hearing, the next scheduled dates for a continuation of the hearing, and the stage of the hearing. The results of every disciplinary hearing are also posted on the member's public profile. Postings do not include the identify of the client.

In keeping with the regulations under the RHPA, the College is also required to post on the Public Register if a member has been charged or convicted of an offence under the *Criminal Code* (Canada). This can include charges and convictions of sexual assault that may relate to the same circumstances as complaints and reports of sexual abuse received by the College.

h. Revocation and Other Implications of Sexually Abusing a Client

For members who are found guilty of sexual abuse, their registration is suspended for a period determined by the Discipline Committee. If members are found guilty of engaging in specified acts of sexual abuse listed in the RHPA, their registration is automatically revoked for five (5) years. After this mandatory five-year period, a member may apply for reinstatement. The application for reinstatement will be reviewed by the Discipline Committee prior to returning to practice. Applications for reinstatement are posted on the Register of Dietitians on the member's profile.

The potential of rehabilitation of the member will be considered on an individual basis. Re-instatement decisions are made by the Discipline Committee. If the member's registration is reinstated, the notation of reinstatement will be posted on the Register of Dietitians on the member's profile with the effective date and, where appropriate, the name of the Committee responsible for the reinstatement.

i. Ongoing Evaluation of How the College Handles Sexual Abuse Complaints

The College will monitor the handling of sexual abuse complaints on an ongoing basis, and the Patient Relations Committee will recommend appropriate revisions to this *Sexual Abuse Prevention Program* as needed.

5. College Regulations, Guidelines and Policies

The *Health Professions Procedural Code* specifies that measures for preventing and dealing with sexual abuse of clients must include "guidelines for the conduct of members with their patients" (subparagraph 84(3)(b)). The College's *Professional Misconduct Regulation* under the *Dietetics Act, 1991*, specifies that abuse of a client of any kind — this includes sexual abuse — is considered professional misconduct:

"1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:

7. Abusing a client verbally, physically or emotionally."

a. The RD-Client Relationship

The purpose of the relationship between an RD and a client is to provide nutrition assessment and treatment as defined in the *Dietetics Act, 1991*,

"Scope of practice

3. The practice of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means."

It is always the RD's responsibility to establish and maintain a professional relationship with clients based on trust, support and mutual respect. The client depends on the RD for their expertise in nutrition care. This creates a power imbalance in the relationship where the client is vulnerable. For successful nutrition care, a client must trust that the services provided by the RD will not harm them. Sexual abuse is a violation of that trust and a fundamental betrayal of the professional RD-client relationship.

While sexual abuse in the context of the RHPA relates to clients, sexual misconduct towards other persons can constitute disgraceful, dishonourable and unprofessional conduct. For example, flirting with the parent of a young client would generally be unprofessional. So would sexual harassment of a colleague or employee.

b. Having a Romantic Relationship with a Former Client

Members are not permitted to have a romantic relationship with a former client for a minimum of one year from the date the therapeutic RD-client relationship ended. This one-year period is the minimum requirement, not a maximum. Greater than one year may be required based on how long the therapeutic relationship existed and the degree of vulnerability of the client.

To determine if an RD-client relationship has ended, RDs should consider the following factors:

- The nature of the dietetic service provided;

- The degree, if any, to which the client has developed an emotional dependency on the RD in the RD-client relationship;
- The potential impact on the well-being of the client; and
- All other circumstances that might have an impact on the RD-client relationship and/or may affect the ability of the client to act freely.

Following the minimum one-year period from the date the therapeutic RD-client relationship ended, RDs should also consider:

- **The duration of the therapeutic relationship:** A romantic relationship with a former client which an RD treated over a number of years is more likely to be inappropriate than a romantic relationship with a client an RD has seen only once or twice for advice.
- **The client's vulnerability:** The more vulnerable a client is, the more likely it is that having a romantic relationship with them at any point after the one-year waiting period would be an abuse of the RD's power; and
- **Continuing care for other members of the former client's family:** If an RD continues to care for other members of a client's family, then, the combination of personal and professional relationships may be inappropriate.

Upon reflection, no matter how much time has passed, an RD might resolve that it would never be appropriate to form a romantic relationship with a client. Note that a regulated health professional could still be found guilty of disgraceful, dishonourable and unprofessional conduct towards a former client, if that former client reasonably felt abused in any way.

RDs are encouraged to consult with their colleagues and any other relevant resource when they are considering starting a romantic relationship with a former client or their family member.

c. **Boundary Guidelines for Professional Relationships with Clients**

It requires a conscious effort to maintain client-centred practice and to avoid crossing boundaries that can lead to sexual abuse. The *Boundary Guidelines for Dietitians in Ontario* is designed to help RDs:

- Increase awareness of situations related to boundary crossings that may lead to sexual abuse;
- Ensure that boundaries are established and maintained in the RD-client relationship; and
- Monitor thoughts, attitudes and assess behaviours that may lead to sexual abuse.

d. **RD Requirement for Mandatory Reporting of Sexual Abuse of a Client**

When dealing with revelations of sexual abuse of clients, it is important for RDs to manage this information sensitively and not cause further harm. In addition, RDs need to be aware of their legal obligations. Under section 85.1(1) of the Code:

- A report of sexual abuse must be made if an RD has reasonable grounds, obtained in the course of practising dietetics, to believe that a regulated health professional has sexually abused a client;

- A report of sexual abuse cannot include the identity of the client unless the client gives written consent to include their name; and
- A report of sexual abuse must be made within 30 days of becoming aware of the abuse unless there are reasonable grounds to believe that additional abuse may occur, in which case the report must be made immediately.

Failure to make a mandatory report is an offence punishable with a fine of up to \$25,000 for a first offence and not more than \$50,000 for a second or subsequent offence. The RHPA provides protection from civil lawsuits or other proceedings to anyone who files a report in good faith. The Registrar shall refer such reports to the Inquiries, Complaints and Reports Committee if they identify concerns about the conduct, competence or capacity of an RD.

For more information see [How to File a Mandatory Report](#).

e. RD Requirement for Mandatory Reporting of Child Sexual Abuse

Any person who has a reasonable suspicion that a child is at risk of being abused sexually, needs to report that suspicion to their local *Children's Aid Society*. While everyone has this duty, it is an offence for an RD not to make a report when the information is obtained in the course of practising dietetics.

For a report under the [Child and Family Services Act, 1990](#) only reasonable grounds to "suspect", not "believe", is needed. This means that the amount of information suggesting that a child is in need of protection can be quite low. If you have any questions, you may get advice either from the [Practice Advisory Service](#) at the College, legal counsel, your organization's risk manager or your local Children's Aid Society.¹

6. Professional Education Program

The College is committed to providing ongoing education, direction and support to its members on the topic of sexual abuse of clients. The program includes: workshops, articles and other online resources. The objectives of the College's Professional Education Program include:

- Increasing awareness of professional development opportunities for RDs about sexual abuse and its impact on clients;
- Developing and collecting resource materials related to the topic of sexual abuse;
- Alerting RDs to high risk situations and the consequences of engaging in sexual abuse;
- Providing assistance, direction and resource support to RDs in matters related to the reporting or disclosure of information concerning sexual abuse of clients by an RD or another regulated health professional;
- Educating RDs about mandatory reporting requirements; and
- Educating RDs about the complaints process and special procedures available for the reporting

¹ For further information on reportable events to the Children's Aid Society and other mandatory reporting requirements related to sexual abuse concerns, see the [Mandatory Reporting Table](#).

of complaints related to sexual abuse.

These objectives are met by:

- Developing and distributing professional conduct standards and guidelines to RDs;
- Developing and compiling resource and educational materials related to sexual abuse and its prevention;
- Collecting data on reports and complaints of sexual abuse;
- Publishing the findings of RD disciplinary hearings related to sexual abuse;
- Developing educational materials concerning circumstances arising from RD complaints and discipline matters and providing clear guidance on how such situations can be prevented;
- Complying with all terms of any evaluation of the College's Patient Relations Program by the *Health Professions Regulatory Advisory Council* as set out in the RHPA;
- Collaborating with other colleges, either individually or through the *Health Profession Regulators of Ontario* (HPRO) in the development and delivery of educational materials;
- Providing information to RDs and the public on mechanisms for the reporting of sexual abuse including the complaints process and mandatory reporting requirements; and
- Recognizing the different needs of diverse populations, (e.g., children, people of different cultural, religious, and/or language backgrounds, individuals with different communication challenges) in the design and delivery of educational programs and services relating to sexual abuse.

7. Public Education

The College is committed to protecting the public by providing public education about the role of the profession, standards of care and the College's regulatory responsibilities. Issues related to sexual abuse and reporting mechanisms are an integral part of this process.

The College strives towards further protecting the public by informing the public of the role of the College and providing supportive and accessible facilities to its members of the public. Elements of a public education strategy to increase awareness of the College and its role in the prevention and elimination of sexual abuse by its members include:

- Dissemination of information on the definition of sexual abuse;
- Dissemination of information on reporting and complaints procedures in general, and on reporting and complaints procedures specific to sexual abuse;
- Provision of information about funding for therapy and counselling for persons alleging sexual abuse by members; and
- Collaboration with HPRO and with individual Colleges and others in activities designed to increase knowledge of the RHPA and its various provisions for preventing and dealing with sexual abuse.

8. Contact the College for more information

a. The Practice Advisory Service

College of Dietitians of Ontario

5775 Yonge Street, Suite 1810, Box 30, Toronto ON M2M 4J1

416-598-1725 / 1-800-668-4990, ext. 397

practiceadvisor@collegeofdietitians.org

b. Questions or Concerns about Dietitians

If you have concerns about the services of an RD, require information about the complaints process or need help in making a complaint, please contact the [Registrar & Executive Director](#) of the College of Dietitians Ontario. Also see: [Making a complaint](#).