



Nova Scotia Board of Examiners in Psychology

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Sexual Abuse and Sexual Misconduct Standards

1.0 Definitions

1.1 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:

- 1.1.1 Making sexually suggestive, flirtatious, or demeaning comments about a client's body, clothing, or sexual history, orientation or preferences.
- 1.1.2 Discussing the registrant's sexual history, sexual preferences, or sexual fantasies with a client.
- 1.1.3 Any behaviour, communication, gestures, or expressions that could be reasonably interpreted by the client as sexual.
- 1.1.4 Rubbing against a client for sexual gratification.
- 1.1.5 Removing the client's clothing, gown, or draping without consent or emergent medical necessity.
- 1.1.6 Failing to provide privacy while the client is undressing or dressing, except as may be necessary in emergency situations.
- 1.1.7 Dressing or undressing in the presence of a client.
- 1.1.8 Posing, photographing, or filming the body or any body part of a client for the purpose of sexual gratification.
- 1.1.9 Showing a client sexually explicit materials.
- 1.1.10 Requesting or making advances to date or have a sexual relationship with a client, whether in person, through written or electronic means.
- 1.1.11 Hugging, touching or kissing a client in a sexual manner.
- 1.1.12 Fondling or caressing a client.
- 1.1.13 Terminating the professional-client relationship for the purpose of dating or pursuing a romantic or sexual relationship.
- 1.1.14 Sexual abuse.

1.2 No conduct constitutes sexual misconduct if the conduct is clinically appropriate to the professional services being provided by the registrant.

1.3 Sexual abuse is a form of sexual misconduct. The following acts between a registrant and a client constitute sexual abuse:

1.3.1 Sexual intercourse.

1.3.2 Genital to genital, genital to anal, oral to genital, or oral to anal contact.

1.3.3 Masturbation of a registrant by a client or in the client's presence.

1.3.4 Masturbation of a client by a registrant.

1.3.5 Encouraging the client to masturbate in the registrant's presence.

1.3.6 Sexualized touching of a client's genitals, anus, breasts, or buttocks.

1.4 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 vulnerable former client.

1.5 In addition to clients, Sections 1.1 to 1.3 also apply to current employees of the psychologist (excluding employees who are spouses or intimate partners) and current students of the psychologist.

2.0 Professional misconduct

2.1 Sexual misconduct constitutes professional misconduct.

3.0 Standard Requirements

3.1 Definitions

3.1.1 Vulnerable former client. All former clients of a psychologist are considered to be vulnerable. For clarity, vulnerable former client does not include former students or former employees.

Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients or clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the psychologist during the course of therapy suggesting or inviting the possibility of a post-termination

sexual or romantic relationship with the patient or client.

Section 3.1.1 has been adopted from the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association, 1992

3.2 Sexual Misconduct Prohibition

3.2.1 A registrant must not engage in sexual misconduct.

3.3 Mandatory Duty to Report

3.3.1 A registrant:

- must report to the registrar if the registrant has reasonable grounds to believe that another registrant has engaged in sexual misconduct;
- must report to the regulatory body of another health profession if the registrant has reasonable grounds to believe that a member of that profession has engaged in sexual misconduct; and
- must report to an employer if the registrant has reasonable grounds to believe that a regulated or unregulated employee has engaged in sexual misconduct.

3.4 Sexual misconduct when a spouse or intimate partner is a client:

Psychologists should not have as a client a person who is a spouse or intimate partner. In consideration of professional boundary issues, power relationships and other professional ethics and standards, psychologists do not normally provide formal psychological services to a spouse or intimate partner.

3.5 Registrants must cooperate with any regulatory body or committee of a regulatory body with respect to any regulatory process related to this standard.

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