

# Standard of Practice: Prevention of Sexual Abuse

(see also Professional Boundaries)

## Client Outcome

The client is not sexually abused by an RMT.

## Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) does not sexually **abuse clients** or engage in any activities of a **sexual nature** with clients and takes active steps to prevent **sexual abuse**.

## Requirements

The RMT must:

1. Never sexually abuse clients. The *Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991 (RHPA)* defines “sexual abuse” of a client by a registrant as:
  - a. Sexual intercourse or other forms of physical sexual relations between the RMT and the client;
  - b. Touching, of a sexual nature, of the client by the RMT; or
  - c. Behaviour or remarks of a sexual nature by the RMT towards the client.

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

Important Information:

- “Sexual abuse” does not only include unwanted touching of a client by an RMT. Any romantic or sexual relationship with a client, including a spouse, is considered sexual abuse under the RHPA (except for in an emergency or for minor treatment where a referral is then made). In the eyes of the law, a client is unable to consent to a sexual relationship with a healthcare professional from whom they are receiving services, such as from an RMT.
  - The RHPA stipulates that an RMT must never have a sexual relationship with a client. This is sexual abuse. As it pertains to sexual abuse, a client will meet the definition of “client” for one year after they ceased to be the RMT’s client. That is, an RMT may not enter into a sexual relationship with a client for a period of one year after the client ceased to be a client. Additionally, it might never be ethically appropriate to have a sexual relationship with a person who was previously a client, regardless of the passage of time, due to power dynamics, the disclosing of health information or other reasons. Even if this might not constitute “sexual abuse” within the definition in the legislation, it could still be professional misconduct.
2. Never provide Massage Therapy services to an individual with whom they are in a sexual relationship. Providing services to an individual with whom the RMT is in a sexual relationship will constitute sexual abuse, even if the individual is the RMT’s partner or spouse except:
    - a. Where the RMT provided treatment in an emergency or in circumstances where the service is minor in nature; and
    - b. The RMT has taken reasonable steps to transfer the individual to another RMT or there is no reasonable opportunity to transfer care to another RMT.
  3. Drape in accordance with the *Standard of Practice: Draping and Physical Privacy*.

<sup>6</sup> Applies whether in print or electronic.

4. Disable all audio, video or photographic transmitting and recording functions of all devices in the room, unless:
  - a. The RMT obtains informed **consent** for the use of audio, video or photographic recording equipment; and
  - b. The recording functions are for assessment, treatment and/or educational purposes.
5. Ensure any mirrors present in a treatment area are placed in a location that respects client **physical/personal privacy**.
6. Recognize that client consent is never a defence for inappropriate or sexual touching or relationships of a sexual nature.
7. Be sensitive to each client's individual culture, experience, gender, age and history, which may influence sensitivity to touch and touching certain areas.
8. File a **mandatory report** with the appropriate college if the RMT has reasonable grounds, obtained while practising, to believe that another registrant of the same or a different college has sexually abused a client and they know the registrant's name.
9. Never touch the client's genitals or anus as this is always considered sexual abuse.

The RMT may only treat **sensitive areas** when:

10. Treatment is clinically indicated; and
11. The RMT obtains the client's written<sup>6</sup> informed consent prior to every assessment and/or treatment of sensitive areas including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing and/or treating the buttocks (gluteal muscles) but can be obtained once per **treatment plan** (then verbally prior to every treatment); and
12. The RMT discusses draping sensitive areas with the client prior to assessing and/or treating sensitive areas and drapes the client effectively to maintain the client's comfort and trust in accordance with the *Standard of Practice: Draping and Physical Privacy*.

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## Relevant Legislation and Regulation

- *Regulated Health Professions Act, 1991 (RHPA)*
- *Ontario Regulation 260/18* under the *Regulated Health Professions Act, 1991 (RHPA)*
- Professional misconduct in Section 26 of *Ontario Regulation 544/94* under the *Massage Therapy Act, 1991*
- Professional misconduct in the *Regulated Health Professions Act, 1991 (RHPA)*

## Resources and Guidance

To meet or exceed the Standard, please see the following:

- *Code of Ethics*
- *Mandatory Reporting*
- *Policy: Zero Tolerance*

## Related Standards of Practice

- Client-centred Care
- Communication
- Consent
- Draping and Physical Privacy
- Professional Boundaries
- Safety and Risk Management

## Related Career-Span Competencies (CSCs)

- Act with personal integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain a safe work environment
- Maintain comprehensive records
- Practise in a self-reflective manner
- Treat others respectfully
- Work within areas of personal knowledge and skills