



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

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THE STANDARD OF CARE.

January 23, 2015

**By E-mail**

Mr. John Amodeo  
Director  
Health System Labour Relations and Regulatory Policy Branch  
Ministry of Health and Long-Term Care  
12th Floor, 56 Wellesley Street West  
Toronto, ON M5S 2S3

Dear Mr. Amodeo:

We are pleased to provide the College of Nurses of Ontario's (the College's) response to Minister Hoskins' letter dated December 17, 2014 regarding sexual abuse of patients.

The College has a long history of nursing regulation and dedication to the public interest. We share the government's commitment to working to eradicate sexual abuse of patients.

In 2002, the College proactively intervened, alongside the province's Attorney General, to defend the zero tolerance sexual abuse provisions in the legislation. In *Mussani v. the College of Physicians and Surgeons of Ontario* we provided expert advice about the harm caused by a health care professional who assumes the dual roles of health care provider and sexual partner to a patient.

Our perspective on the egregious nature of sexual abuse has never wavered.

Recently, we supported zero tolerance of sexual abuse in our submissions to the Health Professions Regulatory Advisory Council and the Minister of Health and Long-Term Care on the issue of the mandatory revocation provisions and treatment of spouses. We strongly advised making no changes to weaken the current provisions regarding sexual abuse. We feared any change might erode the zero tolerance mechanism aimed at eradicating sexual abuse.

## **The College's Patient Relations Program Measures for Preventing and Dealing with Sexual Abuse**

Council believes that all of the College's regulatory programs contribute significantly to the public receiving safe and ethical nursing care. For that reason, Council has deemed the Executive Committee, which has a broad perspective on College programs, to be the College's Patient Relations Committee. The approach of vesting the Patient Relations Program, including the measures to address sexual abuse, with the leadership of Council, gives strong oversight and high priority to abuse prevention.

In addition to sexual abuse, the College's abuse prevention program addresses physical, verbal and emotional abuse. The program also addresses boundary violations which are often a prelude to sexual abuse.

The following constitute the College's Patient Relations Program measures for preventing and addressing sexual abuse:

- Members: guidelines for member conduct and required education,
- Measures to address sexual abuse,
- Training for Council and committees,
- Training for College staff,
- Information for the public, and
- Monitoring and reporting on sexual abuse.

### **Preventing Abuse – College Members**

#### **Guidelines for conduct: *Therapeutic Nurse-Client Relationship Practice Standard:***

The College's experience is that sexual abuse of patients occurs when the nurse does not maintain an appropriate and therapeutic boundary with her or his patient.

For that reason, the *Therapeutic Nurse-Client Relationship Practice Standard* is the foundation of the College's abuse prevention program. Recognizing that boundary violations can lead to sexual abuse, this Practice Standard clearly identifies the need to maintain the appropriate boundaries in the therapeutic nurse-client relationship.

To support nurses in maintaining boundaries, the Practice Standard includes a decision tree and a clear outline of the warning signs that a nurse may be crossing the boundary from a therapeutic to a personal relationship with a patient.

To assist members in understanding the broad range of behaviours that constitute sexual abuse, the Practice Standard includes the following explanation of sexual abuse:

- *sexually demeaning, seductive, suggestive, exploitative, derogatory or humiliating behavior, comments or language toward a client;*

- *touching of a sexual nature or touching that may be perceived by the client or others to be sexual;*
- *sexual intercourse or other forms of sexual contact with a client;*
- *sexual relationships with a client's significant other; and*
- *non-physical sexual activity such as viewing pornographic websites with a client.*

The *Therapeutic Nurse-Client Relationship Practice Standard* also outlines the expectation that all nurses must protect clients from abuse, including sexual abuse. Nurses are required to intervene to stop abuse and also to report abuse. The Practice Standard includes the legislative requirement for nurses to report sexual abuse to the appropriate regulatory body.

The Practice Standard explicitly addresses the inappropriate nature of entering into a friendship or romantic or sexual relationship with a current patient.

Recognizing the acute vulnerability of patients undergoing psychotherapy or intense psychosocial counseling, the College has set additional safeguards in the standard. The therapeutic relationship must be over for at least one year before entering a personal, romantic or sexual relationship with a former patient. Following one year, there are additional guidelines to ensure that patients are not harmed if entering into a romantic relationship with a previous care provider. These very stringent requirements are totally focused on protecting highly vulnerable patients.

Practice Standards are effective only if members know about and use them. The College regularly surveys\* our members on a range of topics, including measuring their awareness of the College's standards of practice (including the *Therapeutic Nurse-Client Relationship Practice Standard*) and the supports we provide to nurses to practice safely and ethically. Our last member survey was at the end of 2012. Results indicate that:

- 99% of participants were very or somewhat familiar with the College's standards; and
- 91% of participants found the standards extremely or very applicable to their practice.

In addition to the rigorous expectations in the *Therapeutic Nurse-Client Relationship Practice Standard*, the College provides added guidance to support positive and therapeutic nurse-client relationships and prevent sexual abuse.

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\*The 2012 survey was conducted by telephone with 1,501 members employed in nursing in Ontario between November 12 and November 25, 2012. Telephone interviewing was conducted by Opinion Search, an independent market research company. Results are considered accurate to  $\pm 2.5\%$ , nineteen times out of twenty.

### **Guidelines for Members: Other Abuse Prevention Program Resources**

In addition to the *Therapeutic Nurse-Client Relationship Practice Standard*, the following abuse prevention resources are available on the College's website and are part of our member abuse prevention program:

- One is One Too Many - the College's docudrama video and workbook abuse prevention program addresses all forms of abuse, including sexual abuse. While members often recognize overt abuse, the more subtle forms are often not recognized. The video addresses these subtle forms of abuse, including a scenario about remarks of a sexual nature;
- Therapeutic Nurse-Client Relationship: Protecting Clients from Abuse – this interactive learning module addresses the requirements for all nurses to maintain the therapeutic relationship and protect patients from all abuse. It includes a scenario about sexual abuse;
- Therapeutic Nurse-Client Relationship: Maintaining Boundaries - this web-cast, provides strategies and scenarios around maintaining appropriate boundaries between a nurse and her or his patient. It is only when appropriate boundaries are violated that sexual abuse can occur; and
- Abuse Fact Sheet – this fact sheet provides basic information about what abuse is, including sexual abuse, and how the College addresses abuse.

As part of our regular membership survey, we assessed member awareness of the One is One Too Many tool and its utility in meeting our goal of preventing abuse of patients:

- 60% of participants identified that they are aware of the program;
- 23% of participants had completed the program *in 2012*;
- 95% of those who completed the program in 2012 found it was extremely useful or very useful in helping the nurse practice according to standards.

In 2013, the College began a review of its current member abuse prevention program as well as other College resources and tools focusing on the nurse-client relationship.

We are currently in the planning stages of developing new learning tools to engage nurses in critical thinking about abuse issues. Once developed, the College will promote the new offering to support abuse prevention to nurses, employers and the public. The plan includes evaluating the effectiveness of the new tools and reach with nurses.

### **Requirements for Member Education**

The College's Quality Assurance program requires that nurses review and reflect on practice standards and develop a learning plan to address any gaps that they identify.

The *Therapeutic Nurse-Client Relationship Practice Standard* has been a focus of the College's Quality Assurance Program for the past 4 years. In 2012, every practising nurse in Ontario was required to review her or his practice against this standard in the development of their annual learning plan. The Therapeutic Nurse Client Relationship is a core foundation of the College's abuse prevention program.

### **Measures to Address Sexual Abuse**

All complaints and reports of sexual abuse are considered high risk and receive a priority investigation. Sexual abuse matters are never referred to our resolution process.

### **Supporting Complainants and Victims**

The College is available to assist members of the public in making complaints about sexual abuse.

As noted on page 8, staff involved in investigations have had in-depth training about communicating with the victims of sexual abuse. These sensitized staff are available to explain the investigation process and to help individuals understand what they can expect. While this support is available for all complainants, it may be of more significance to those complaining about a traumatic experience like sexual abuse.

Our website includes a range of information on making complaints, including a user-friendly online guide [Addressing Complaints at the College of Nurses of Ontario](#). There is a link to the e-mail and phone of the College's Investigator on Call who is available during working hours to support individuals who may wish to discuss complaining about or reporting sexual abuse.

Our processes to support victims include:

- clear and sensitively crafted communication with victims and their supporters about the investigation and the hearing process, including the process of testifying and cross-examination;
- face-to-face meetings with victims in a setting of their choice. Victims are encouraged to bring one or more support person(s);
- supports to assist victims in participating in hearings, including assistance with the costs of travel for one or more support person(s).

It can be difficult for victims of sexual abuse to come forward in the first place, and even more difficult for them to participate in an investigation or a Discipline hearing. One of the barriers to successful prosecution of sexual abuse matters is a reluctance to participate in hearings. College staff and legal counsel know that sexual abuse victims have been harmed by not having a choice; so their choice in deciding whether to participate in a hearing is highly respected.

The College explains the importance of addressing sexual abuse and gives clear and accurate information about the hearing process and how staff and legal counsel can support victims throughout the hearing, including the process of testifying and cross examination.

When a victim chooses not to participate in the hearing process and we are unable to secure a finding of sexual abuse, the College makes every effort to reach a different outcome that will achieve the public protection goal sought through the zero tolerance provisions. The College may come to an agreement with a member to permanently resign, we may pursue Discipline Committee findings on boundary violations or we may pursue other misconduct allegations such as contravening a standard of practice or behavior that would reasonably be regarded as disgraceful, dishonourable or unprofessional.

Several instances of this can be seen in the College's Patient Relations Committee Report, an extract of which is attached to this letter.

### **Encouraging Employer Reporting**

While not a legislated component of abuse prevention programs, the College recognizes that employers and facility operators are important stakeholders whose commitment is required if we are to meet the legislative objectives around zero tolerance.

The College works to inform facilities of their obligations to report sexual abuse. The employer section of our website highlights employer reporting obligations and provides an online tool to support employers in meeting their reporting obligation.

From time to time, the College becomes aware that an employer has known about, but not reported, sexual abuse. This is considered a serious issue. The Executive Director and CEO has met with the nursing staff who failed to report sexual abuse to identify their reporting obligations, the potential penalties, and the risk to the public when a facility does not report an abuser.

### **Council and Committee Abuse Prevention Program**

Council and committee members play an important role in making decisions that address and prevent sexual abuse. For example, the Registration Committee reviews information about criminal convictions and may choose to recommend that an applicant with a conviction for pornography or sexual assault not be granted registration. The Inquiries, Complaints and Reports and Discipline committees review sexual abuse matters.

While not a legislatively required component of sexual abuse prevention programs, the College provides annual education for all Council and committee members in order to support them in fulfilling their roles in making decisions in the public interest.

This includes orientation on abuse addressing: what is abuse, what are the types of abuse, abuse as misconduct, the College's resources to address abuse and the roles of committees in relation to abuse. The legislative provisions related to sexual abuse are addressed in this orientation.

In addition, all committee members, new and experienced, are required to attend the annual orientation of the statutory committee(s) on which they serve. These orientations address the sexual abuse provisions more specifically, as they relate to the committee's role.

At the Inquiries, Complaints and Reports Committee, key information on sexual abuse is reviewed with each sexual abuse case: the College provides an explanation of the aim of the legislation and highlights the investigation process. The challenges that victims have in reporting sexual abuse and in participating in an investigation or hearing are reviewed.

### **Patient Relations Committee**

As identified previously, due to the seriousness of abuse, the College's Executive Committee has been designated by Council as the College's Patient Relations Committee. Each year, as part of its accountability to monitor the College's abuse prevention plan, the Patient Relations Committee provides Council with an annual report on abuse. The report addresses sexual abuse and other forms of abuse.

Attached to this letter is an extract from the College's 2013 Patient Relations Program Report on abuse, with the data updated to include 2014. It reports on the outcomes of the Inquiries, Complaints and Reports Committee and panels of the Discipline Committee in relation to sexual abuse matters.

### **Sexual Abuse Funding**

Whenever there is a Discipline finding of sexual abuse, any known victims are notified of the ability to apply for funding for therapy.

The College's Patient Relations Committee reviews and approves any request for funding. Since the passage of the legislative provisions for the fund, the College has had two applications for funding. Both were approved.

In one case, the College provided funding outside of the time limitations set out in Ontario Regulation 59/94. The victim informed the Patient Relations Committee that she was unable to apply for funding because she had suffered long-term trauma due to the abuse. The Committee determined that the applicant had a disability and acted in accordance with the *Human Rights Code* to read-out the time limitations.

### **Training for College Staff**

As required in legislation, the College has a robust program to ensure that College staff understand the legislative provisions regarding sexual abuse of patients and the unique needs and sensitivities of victims of sexual abuse.

All new staff must attend a workshop on abuse prevention. The workshop addresses the history and objectives of the sexual abuse provisions of the legislation. Staff also watch the College's One is One Too Many video and discuss several scenarios, including the scenario about sexual abuse.

In flagging the relevance of the abuse workshop to *all* College staff, it is noted that:

*We must all be sensitive to victims of abuse and remember that they are vulnerable.* (speakers notes)

Additional education is provided to staff who are expected to have contact with victims of sexual abuse.

For example, in 2014, an all day workshop was held for staff from the Professional Conduct Department who have a role in investigations related to abuse. The workshop focused on communicating with victims of trauma, including sexual abuse. Topics included understanding the victim and effective communication. To ensure that the information from the session had an impact on how staff communicate with victims, it closed with an interactive session of application exercises.

### **Information for the Public on Sexual Abuse**

The College's recent public communications approach included ads in the Toronto Star and other local papers identifying that the College is not a school, it is not an association, but is a "proud protector of the public interest".

Our public page on the web site includes information on how the College protects the public, how to make a complaint, and provides a link to a section on sexual abuse. The section on sexual abuse includes:

- What is sexual abuse?
- What should be done if sexual abuse is suspected?
- What will the College do about a case of suspected sexual abuse?
- What help does the College provide to patients who have been sexually abused (fund for therapy)? and
- Who can I contact for more information?



We are reviewing our information for the public to make sure that we are clearly communicating the information they need to:

- Understand what to expect of a nurse,
- Know what to do when a nurse does not meet those expectations, and
- Understand how the College protects the public.

As Anne Coghlan, Executive Director and CEO said in her Affidavit in the *Mussani* case:

*The College has a serious interest in ensuring that the public of Ontario receive safe, ethical and effective nursing care, and that sexual abuse of patients by nurses is eradicated.*

The College continues to believe that the zero tolerance sexual abuse provisions of the legislation are necessary to protect the public. While we objected to amendments to the legislation that we think would weaken the zero tolerance provisions, we are open to any new provisions that will enhance our ability to address sexual abuse. For example, given our experience with a victim too traumatized to apply for funding for therapy, we would suggest that either the 5-year time frame for application for funding be removed or that it be extended.

The College's vision is *leading in regulatory excellence*. Our goal is to take a leading-edge approach in preventing sexual abuse of patients.

We look forward to an opportunity for dialogue with the ministerial Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act, 1991*.

Due to the timeframe for this response, it was reviewed by members of the College's Patient Relations Committee. It will be shared with the College's Council. If Council has additional perspectives it wishes to share with the Ministry and the Task Force, we will send an addendum after the March 12, 2015 Council meeting.

Sincerely,



Anne L. Coghlan, RN, MScN  
Executive Director and CEO



Angela Verrier, RPN  
President

AC/jh

Enclosure: Client/Patient Relations Committee Annual Report 2010-2014

**CLIENT/ PATIENT RELATIONS COMMITTEE**  
**ANNUAL REPORT 2010 - 2014**  
**Annotated Extract on Sexual Abuse Matters**

**SECTION 1: NEW SEXUAL ABUSE MATTERS RECEIVED**

	<b>2010<sup>1</sup></b>	<b>2011<sup>2</sup></b>	<b>2012<sup>3</sup></b>	<b>2013<sup>4</sup></b>	<b>2014<sup>5</sup></b>
<b>Matters</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>
Reports	18	7	12	14	11
Complaints	0	1	1	5	0
<b>Total</b>	<b>18</b>	<b>8</b>	<b>13</b>	<b>19</b>	<b>11</b>

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<sup>1</sup> For 2010: Six reports alleged physical sexual relations; 12 alleged touching, remarks or behaviour of a sexual nature.

<sup>2</sup> For 2011: Of the 7 reports, 1 alleged physical sexual relations; 6 alleged touching, remarks or behaviour of a sexual nature. The complaint alleged physical sexual relations.

<sup>3</sup> For 2012: Of the 12 reports, 9 alleged physical sexual relations; 3 alleged touching, remarks or behaviour of a sexual nature. The complaint alleged physical sexual relations.

<sup>4</sup> For 2013: Of the 14 reports, 9 alleged physical sexual relations; 5 alleged touching, remarks or behaviour of a sexual nature. Of the 5 complaints, 3 alleged physical sexual relations; 2 alleged touching, remarks or behaviour of a sexual nature.

<sup>5</sup> For 2014: Of the 11 reports, 5 alleged physical sexual relations; 6 alleged touching, remarks or behaviour of a sexual nature.

## SECTION 2: ABUSE MATTERS ADDRESSED BY EXECUTIVE DIRECTOR ACTION

	2010 <sup>6</sup>	2011	2012	2013	2014
<b>Executive Director Actions</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>	<b>#</b>
Meet with Executive Director	2	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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<sup>6</sup> Both matters alleged remarks or behavior of a sexual nature. In one matter, the client was not identified (did not consent to having name disclosed to reporter) and no additional information could be obtained. In the second matter, it was alleged that comments were made in front of several clients however, they were not identified. No additional information could be obtained. Each member was asked to and voluntarily agreed to the following:

- Complete and reflect on the Professional Standards and Therapeutic Nurse-Client Relationship online learning modules;
- Document reflections in the Reflective Questionnaire;
- Review the “One is One Too Many” DVD, complete the accompanying workbook and provide a copy to the Executive Director prior to the meeting; and
- Schedule and attend a meeting with the Director to discuss understanding of the applicable standards of practice, the insights and learning gained from reflecting on practice and the efforts undertaken to ensure future practice will be consistent with the College’s expectations.

### SECTION 3: SEXUAL ABUSE MATTERS ADDRESSED BY INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE

Dispositions	2010 <sup>7</sup>		2011 <sup>8</sup>		2012 <sup>9</sup>		2013 <sup>10</sup>		2014 <sup>11</sup>	
	#	%	#	%	#	%	#	%	#	%
Adopt complaint resolution	0	0	0	0	0	0	0	0	0	0
Take no action	0	0	1	8.3	1	10.0	1	12.5	6	42.9
Letter of concern	0	0	2	16.7	2	20.0	1	12.5	0	0
Letter of caution	1	16.7	2	16.7	0	0	0	0	1	7.1
Oral caution	0	0	0	0	1	10.0	0	0	0	0
Require specified education/remediation	2	33.3	1	8.3	0	0	0	0	0	0
Oral /letter of caution & require specified education/remediation	0	0	0	0	1	10.0	2	25.0	3	21.4
Refer to Discipline Committee	3	50.0	6	50.0	5	50.0	2	25.0	4	28.6
Accept agreement to permanently resign	0	0	0	0	0	0	2	25.0	0	0
<b>Total</b>	<b>6</b>	<b>100</b>	<b>12</b>	<b>100</b>	<b>10</b>	<b>100</b>	<b>8</b>	<b>100</b>	<b>14</b>	<b>100</b>

<sup>7</sup> For 2010: The matter resulting in a letter of caution alleged remarks or behaviour of a sexual nature. Information did not support sexual abuse; however action was taken in respect of boundary violations. Of the 2 matters resulting in remediation, remarks or behaviour of a sexual nature were alleged; information did not support referral to Discipline, however action was taken in respect of boundary violations. The 3 matters referred to Discipline alleged remarks or behaviour of a sexual nature.

<sup>8</sup> For 2011: The matter resulting in no action alleged remarks or behaviour of a sexual nature. The client was not identified (did not consent to having name disclosed to reporter); information did not support any action. The 2 matters resulting in letters of concern alleged remarks or behaviour of a sexual nature. Information did not support sexual abuse; however, action was taken in respect of boundary violations. The matter resulting in remediation alleged remarks or behaviour of a sexual nature. The client was not identified (did not consent to having name disclosed to reporter); information did not support sexual abuse, however, action was taken in respect of boundary violations. The 6 matters referred to Discipline alleged remarks or behaviour of a sexual nature.

<sup>9</sup> For 2012: The matter resulting in no action alleged physical sexual relations. The client was not identified (did not consent to having name disclosed to reporter); information did not support any action. Of the 2 matters resulting in a letter of concern, one alleged physical sexual relations and the other alleged remarks or behaviour of a sexual nature. In both matters, the client was not identified (did not consent to having disclosed to reporter); information did not support sexual abuse; however, action was taken in relation to boundary violations. The matter resulting in an oral caution alleged physical sexual relations; information did not support a referral to Discipline, however, action was taken regarding maintaining appropriate boundaries with clients. The matter resulting in an oral caution & remediation alleged remarks or behaviour of a sexual nature; information did not support sexual abuse, however, action was taken regarding boundary violations. Of the 5 matters referred to Discipline, 3 alleged physical sexual relations and 2 alleged remarks or behaviour of a sexual nature.

<sup>10</sup> For 2013: The matter resulting in no action alleged remarks or behaviour of a sexual nature. Information did not support any action. The matter resulting in a letter of concern alleged remarks or behaviour of a sexual nature. Information did not support sexual abuse; however, action was taken in relation to boundary violations. Of the 2 matters resulting in oral cautions & remediation, one alleged remarks or behaviour of a sexual nature; information did not support a referral to Discipline; the other matter alleged physical sexual relations, however, information did not support there was a nurse-client relationship. Of the 2 matters referred to Discipline, one alleged remarks or behaviour of a sexual nature and one alleged physical sexual relations. Interim orders to suspend were made in both matters. The 2 matters resulting in permanent resignations alleged remarks or behaviour of a sexual nature.

<sup>11</sup> For 2014: Of the 6 matters resulting in no action, 3 alleged touching/ remarks or behaviour of a sexual nature; 3 alleged physical sexual relations. Victims did not wish to participate in 3 cases. The matter resulting in a letter of caution alleged remarks or behaviour of a sexual nature. The victim did not participate and information did not support a referral to Discipline. Of the 3 matters resulting in oral cautions & remediation, 2 alleged remarks or behaviour of a sexual nature and one alleged physical sexual relations. In 2 matters, victims did not wish to participate. Of the 4 matters referred to Discipline, 2 alleged remarks or behaviour of a sexual nature and 2 alleged physical sexual relations. Interim orders to suspend were made in 3 of the matters.

## SECTION 4: SEXUAL ABUSE MATTERS ADDRESSED BY DISCIPLINE COMMITTEE

	2010 <sup>12</sup>		2011 <sup>13</sup>		2012 <sup>14</sup>		2013 <sup>15</sup>		2014 <sup>16</sup>	
	#	%	#	%	#	%	#	%	#	%
<b>Dispositions</b>										
Finding	1	100	1	100	2	50.0	0	0	2	100
No finding	0	0	0	0	2	50.0	1	25.0	0	0
Withdrawn	0	0	0	0	0	0	3	75.0	0	0
<b>Total</b>	<b>1</b>	<b>100</b>	<b>1</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>2</b>	<b>100</b>

<sup>12</sup> For 2010: Findings were made of physical sexual abuse, resulting in mandatory revocation and reprimand.

<sup>13</sup> For 2011: Findings were made of remarks or behaviour of a sexual nature, resulting in a 5 month suspension, terms, conditions and limitations and a reprimand.

<sup>14</sup> For 2012: In one matter, physical sexual relations were alleged. The client did not wish to testify. Allegations were withdrawn on the basis of the member entering into an agreement to permanently resign. In the other matter, remarks or behaviour of a sexual nature was alleged. The client did not wish to testify. Allegations regarding sexual abuse were withdrawn on the basis of the member's agreement to findings of breaching the standards of practice, emotional abuse and disgraceful, dishonourable and unprofessional conduct.

<sup>15</sup> For 2013: In the matter resulting in no finding, physical sexual relations were alleged with 2 clients. The member brought a motion to hold separate hearings, which was contested by the College, but resulted in the Discipline panel holding separate hearings. The hearing in respect of one client was contested, however resulted in no finding. A contested hearing respecting the second client began but was not concluded at the end of 2013. Please refer to Discipline outcomes in 2014 for the results of that hearing. In 2 of the 3 matters where allegations were withdrawn, touching and remarks or behavior of a sexual nature were alleged. In both cases, the members were charged with sexual assault under the Criminal Code and were acquitted. The reasons for acquittal resulted in the College no longer having a viable prosecution for sexual abuse. In one of the matters, the member was found to have breached standards of practice and engaged in disgraceful, dishonourable and unprofessional conduct in relation to communications with clients. In the third matter, remarks or behavior of a sexual nature were alleged. The client initially agreed to participate, however, in follow-up the College was unable to locate the client. Allegations were withdrawn on the basis of the member's agreement to findings of breaching standards of practice and engaging in disgraceful, dishonourable and unprofessional in relation to boundary violations with 2 other clients, resulting in a 3 month suspension, terms, conditions and limitations and a reprimand.

<sup>16</sup> For 2014: In both matters, findings were made of physical sexual abuse, resulting in mandatory revocation and reprimand.