



College of **Dental Hygienists** of Ontario  
L'Ordre des **hygiénistes dentaires** de l'Ontario  
*Protecting your health and your smile / Nous protégeons votre santé et votre sourire*



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## **Sexual Abuse Prevention Plan Evaluation Report for 2014**

## Background

The CDHO is required to administer a Patient Relations Program under the *Regulated Health Professions Act, 1991 (RHPA)*. The Patient Relations Program must include measures for preventing and/or dealing with the sexual abuse of clients. This plan was developed to make dental hygienists aware of their obligations under the *RHPA* with respect to sexual abuse as well as outlining guidelines for professional behaviour.

These measures include educational requirements for registrants, guidelines for the conduct of registrants, training for College staff, and the provision of information to the public.

## Statement of Philosophy

Sexual abuse/impropriety by dental hygienists while providing oral health care to the public will not be tolerated under any circumstances.

## Components of the Sexual Abuse Prevention Plan

### 1. Educational Requirements for Students

- An *Instructor's Guide to the Prevention of Sexual Abuse of Clients*, was developed in 1996 and updated in 2008. The 2008 version was mailed in March 2008 to the dental hygiene educational institutions in Ontario to be incorporated into their Ethics and Jurisprudence course. An electronic version was created in both English and French and was emailed to dental hygiene program directors in September of 2011. As well, in the spring 2014 the Patient Relations Committee decided that it would be beneficial if program directors of every dental hygiene program in Ontario received the electronic version of the *Instructor's Guide to the Prevention of Sexual Abuse of Clients* annually.
- Prior to registering, applicants successfully complete an online Jurisprudence Education Module (JEM) that includes reference to the CDHO sexual abuse prevention plan, guidelines for professional behaviour and clarification of a registrant's obligations under the *RHPA* with respect to sexual abuse. There are two quiz questions included in the module pertaining to professional boundaries and the mandatory reporting obligation for sexual abuse. The final exam for the course also includes two questions that test knowledge on professional boundaries and sexual abuse. A 100% pass rate is a requirement for the

quiz and final exam. This module is provided free of cost but users must register for an application number that will permit them to complete the final exam. As of December 31, 2014, 3680 applicants successfully completed the final exam.

## 2. Education and Guidelines for the Conduct of Registrants

The second component of the sexual abuse prevention plan addresses on-going education and guidance for registrants.

- All registrants have been provided an electronic copy of the Registrants' Handbook as updated in February 2014. There are two chapters that are relevant to the prevention of sexual abuse. Chapter two discusses ways to avoid sexual abuse and includes a practice-based self-test on mandatory reporting obligations. Chapter eight discusses sexual abuse boundaries and lists touching principles for dental hygienists. The Registrants' Handbook has been produced in English and French. Both language versions are available on the website.
- In April 2010 the Jurisprudence Education Module was made available at no cost to all registrants through the CDHO website. As mentioned previously, the online module and exam include reference to the CDHO sexual abuse prevention plan, guidelines for professional behaviour and clarification of a registrant's obligations under the *RHPA* with respect to sexual abuse. There are two quiz questions included in the module pertaining to professional boundaries and the mandatory reporting obligation for sexual abuse. The final exam for the course also includes two questions that test knowledge on professional boundaries and sexual abuse. A 100% pass rate is a requirement for the quiz and final exam. The module and exam are available in English and French. As of December 31, 2014, 1380 registrants had successfully completed the module and final exam.
- "Professional Boundaries for Dental Hygienists in Ontario" is published on the CDHO website in both English and French. The guidelines were revised in 2006 and again in August 2010. Prior to December 2010 these guidelines were distributed with the Registrants' Handbook to all registrants. In December 2010 the Registrants' Resource was sent out to all dental hygienists in Ontario and included an updated version of the handbook and the revised version of the guidelines.
- A brochure entitled "Prevention of Sexual Abuse of Clients" updated in 2006 and August 2010, is published on the CDHO website in both English and French. This brochure was developed at the same time as the professional boundaries guidelines and was distributed in the same manner.
- College staff have incorporated information on the CDHO's sexual abuse prevention plan into presentations at society meetings since the plan's inception. These presentations provided registrants with an opportunity to seek clarification on the

definition of sexual abuse for health care professionals, the guidelines for professional boundaries and the professional obligations to making a mandatory report.

- In 2011, the College presented a series of presentations in each district and in a webinar titled “Setting the Record Straight”. Included in this interactive presentation format was an audience response measure on key questions that tested knowledge on sexual abuse. A discussion on professional boundaries, sexual abuse prevention, and mandatory reporting was included in the presentations.
- Part of the College’s sexual abuse prevention plan includes regular articles in *Milestones* that cover topics aimed at the prevention of sexual abuse and informing mandatory reporting obligations. Looking to past issues of *Milestones*, articles addressing sexual abuse prevention occurred in July 1999, spring and fall of 2001, fall 2003, May 2005, November 2006 and November 2007. No articles had appeared between 2007 and 2010. This is significant because the College’s first finding of sexual abuse occurred in 2005. In 2008, a report from the QA Committee indicated that of the Total Quality Improvement 2008 survey respondents, only 69 percent knew that they were not permitted to provide oral health care to their boyfriend/girlfriend, 91 percent answered the mandatory reporting question incorrectly, and 30 percent were unclear about when to include the name of the client in a report of alleged sexual abuse. Due to this, the Patient Relations Committee decided that a minimum of one article per year dealing with sexual abuse prevention should be included in *Milestones*. Most recently, articles on sexual abuse appeared in the December editions of the 2010, 2011, 2012, 2013, and 2014 *Milestones*.
- In March 2005, the CDHO hired its first practice advisor who was available by phone on a daily basis to registrants seeking advice on practice matters. A second full-time practice advisor was hired in September 2008. Many of the calls in 2005 were from registrants seeking clarification on the Discipline Committee’s finding on sexual abuse in the case of registrant Mizzau. It was estimated that each practice advisor answered one call a day that related to professional boundaries. Those calls increased in the spring and summer of 2010 prompted by discussions within dental offices about the Leering case and advisories put out by the dental and dental hygiene associations and regulatory bodies. Two practice advisors are currently available and can address inquiries regarding boundaries and sexual abuse prevention.
- In July 2010, the College sent out an advisory to all registrants informing them that it was no longer acceptable to treat spouses. The decision to send out this advisory was prompted by an appeal court decision *Leering vs the College of Chiropractors* whereby the court clarified its position that it was unacceptable for any health care professional to treat a spouse.

### 3. Training for College Administration

- **Dealing with victims:** On April 28, 2013 five members of administration attended a training session facilitated by Margaret Bogue M.S.W., R.S.W., Dipl. T.C.P.P., designed to assist them in the initial dealings with persons who may have been abused by a dental hygienist. The staff members chosen form part of the College's telephone protocol list of individuals who may answer inquiries on this topic. Since the training, the staff members who are on the protocol list have not changed.
- **Conducting investigations on allegations of sexual abuse:** It has been recognized that, due to the relatively low number of complaints/mandatory reports received by CDHO with respect to sexual abuse, expertise will be contracted to conduct investigations relating to sexual abuse. Administration utilizes legal counsel and investigators with expertise in this area, to assist with investigations and to prosecute discipline cases. This is reflected in the CDHO's "Policy on the investigation of sexual abuse".

### 4. Provision of Information to the Public

- Information respecting the role of the CDHO can be accessed by the public through the CDHO website. This includes the brochure "Prevention of Sexual Abuse of Clients" and the guidelines "Professional Boundaries for Dental Hygienists in Ontario".
- The CDHO website contains information in English and French that provides the public with information on the complaints process and who to contact to make a complaint.
- The College is a member of the Federation of Health Regulatory Colleges of Ontario and takes part in a combined effort to educate the public on the role of the regulatory body.

### 5. Funding for Therapy and Counseling

- A fund has been established with sufficient money to supply a successful applicant with the necessary funds for therapy and counseling. Each year \$10,000 was included in the approved budget for this fund, and this amount is updated annually according to provision in the College's Funding for Therapy Policy. Under the Minister's Regulation, the maximum amount of funding that may be provided is the amount that the Ontario Health Insurance Plan would pay for 200 half-hour sessions of

individual out-patient psychotherapy with a psychiatrist on the day the person becomes eligible. Currently, this is deemed to be equal to approximately \$16,060. This amount is included in the budget. The regulations respecting funding for therapy and counseling for persons who have been sexually abused by a registrant were passed in March 2006 and policies and procedures for reviewing applications for funding are in place. To date the College has not received any requests for funds. There has only been one finding of sexual abuse by the College and that occurred in 2005.

## 6. Evaluation

- HPRAC conducted a review of each of the Health Colleges Patient Relations Program from 2001 to 2007. In 2008, HPRAC released a report that contained its expectation of what should be included in a Patient Relations Program. It was not a report card and did not appear to have an evaluative component. Rather, it reported on the general activities of the Colleges. Specifically, it did not evaluate the sexual abuse prevention plan.
- A CDHO evaluation of the sexual abuse prevention plan occurred most recently in 2014 when five questions testing the registrants' knowledge of the sexual abuse prevention plan were incorporated into the 2014 TQI survey, circulated to registrants by Ipsos Research on behalf of the Quality Assurance Committee. Ipsos' research analysis of the responses were as follows:

### ***a. Knowledge of CDHO Guidelines on Sexual Misconduct***

Knowledge and understanding of CDHO guidelines on sexual misconduct were tested in comparison to two more commonly known guidelines, one on best practices in initiating dental hygiene care and the other on prophylactic antibiotics. Table 1.1 presents the self-assessed level of understanding in these areas. Overall, respondents are getting more familiar with the CDHO guidelines on sexual misconduct.

Three out of four respondents understand the legal requirements as outlined in the CDHO guideline on preventing sexual abuse of clients very well; this is a significant increase since the last TQI survey (75% vs. 55% in 2008). Interestingly, the percentage of respondents who do not know these guidelines very well has been decreasing since 2008. This indicates the communication from the CDHO about the guidelines has proven to be successful since 2008.

Relative to the other two guidelines tested, there is a relatively high level of self-reported knowledge of guidelines on sexual misconduct. The results show that survey respondents are most familiar with the legal requirements as outlined in the CDHO guidelines on preventing sexual abuse where 75 percent of dental hygienists said they understood the guidelines very well (6–7 on a 7-point scale).

Table 1.1: Knowledge of CDHO Guidelines on Sexual Misconduct

	Valid Percent (n=4385)		
	Not very (1–2)	Somewhat (3–5)	Very Well (6–7)
CDHO guidelines for prophylactic antibiotics	2	24	74
The legal requirements as outlined in the CDHO guidelines on preventing sexual abuse of clients	3	22	75
The guidelines for best practice in initiating dental hygiene care	2	29	69

**Q. How well do you know and understand each of the following?**

***b. CDHO Policies on Sexual Misconduct***

Two different scenarios around sexual misconduct were presented and survey respondents were requested to identify whether the behaviour is permitted according to CDHO guidelines. About 95 percent believed that dental hygienists are not permitted to provide oral care to their boyfriend or girlfriend and 4 percent believed they could. There was widespread belief that dental hygienists were not permitted to provide oral care to a client who has consented to a sexual relationship, 98 percent compared to just 1 percent who believe it was permitted. In both cases, only 1 percent of survey respondents were unsure. These percentages increased in both cases since 2008, especially regarding providing oral health care to a boyfriend or a girlfriend (increase of 26 points).

Table 4.2: CDHO Policies on Sexual Misconduct

	Valid Percent (n=4385)		
	Yes, permitted	No, not permitted	Don't know
Client is DH's boyfriend/girlfriend	4	95	1
Client consented to a sexual relationship	1	98	1

**Q. To the best of your knowledge, are dental hygienists permitted to provide oral health care to clients in each of the following situations...?**

***c. Appropriate Procedures on Reporting Abuse***

There was a slight decrease in the percentage of respondents who believe that dental hygienists must submit a report to the health professional's regulatory body in any circumstance if a dental hygienist becomes aware of alleged sexual abuse: 81% in 2014 vs. 83% in 2008.

More than 4 in 5 believed that dental hygienists must submit a report to the health professional's regulatory body in any circumstance if a dental hygienist became aware of alleged sexual abuse. That being the case, 19 percent said otherwise, with 7 percent believing the report should be submitted only if the health professional involved can be named, [note that this is the correct answer] and 5 percent thinking it should be submitted only at the client's request.



Table 4.3: **Procedures Around Sexual Abuse**

	Valid Percent 2014 (n=4385)
Under any circumstances	81
If the dental hygienist knows the name of the health professional involved	7
Only at the client's specific request	5
I don't know	7

**Q. What is your understanding of the appropriate procedure if a dental hygienist becomes aware of alleged sexual abuse of a client by another health professional? Must submit a report to health professional's regulatory body.**

With respect to the inclusion of the client's name in the report, 50 percent believed the client's name should be included with written consent; however, there was still a sizable minority who thought otherwise. The table below shows the breakdown in the responses.

Table 4.4: Procedure on Sexual Abuse of a Client

	Valid Percent 2014 (n=4385)
Must be included	23
Can be included only with the client’s written consent	50
Should never be included	4
I don’t know	23

**Q. What is your understanding of the appropriate procedure if a dental hygienist becomes aware of alleged sexual abuse of a client by another health professional? When reporting the alleged sexual abuse, the name of the client.**

***d. Understanding of Penalties***

Survey respondents were asked what the appropriate penalty was for a registrant who is found guilty of sexual abuse. It was fairly clear to survey respondents that the mandatory penalty for a CDHO registrant found guilty of sexual relations with a client is “reprimanding and revoking the registrant’s certificate or registration”. The survey results demonstrated that 79 percent stated this would be the recourse for such an offense; 4 percent believed the penalty is a fine, and 16 percent did not know what the mandatory penalty was.

Table 4.5: **Mandatory Penalty**

	Valid Percent 2014 (n=4385)
Fine	4
Reprimand and revoking the registrant’s certificate or registration	79
Other	2
I don’t know	16

**Q. What is the mandatory penalty for a CDHO registrant found guilty of sexual abuse relating to sexual intercourse or other forms of physical sexual relations between the registrant and a client? Mandatory penalty for a CDHO registrant.**

The 2014 survey results demonstrated that 75 percent of registrants believed that they had a very good understanding of the sexual abuse prevention plan, and only 5 percent either believed they could or were unsure of whether or not they could treat a boyfriend or girlfriend. Fifty percent of registrants understood that they could only make a mandatory report if they know the name of the health professional who is alleged to have committed acts of sexual abuse. In addition, 23 percent of registrants were not sure about the guideline for including the client’s name in the mandatory report.

- In 2011 an additional evaluation of the sexual abuse prevention plan occurred when four questions testing the registrants’ knowledge on this topic were incorporated into the Setting the Record Straight district presentations.

The following conclusions were made: n=3174

98.2% of attendees answered correctly that treating a spouse was considered sexual abuse.

86.5% of attendees answered correctly that telling a joke to a client that has sexual content is considered sexual abuse.

69.8% of attendees answered correctly that they must report another health professional who treats a spouse.

50.2% of attendees answered correctly that they must get permission from a client to include her or his name in a mandatory report.

The rationales were provided for each question after the correct answer was revealed. These questions were also addressed once again in the December 2011 *Milestones* article titled *Sexual Abuse Under the RHPA: Are You Familiar with the Definition?*

## Upcoming Projects

- Article on Sexual Abuse in a 2015 *Milestones*.
- Presentations to students from dental hygiene programs on the role of the College where information on sexual abuse prevention will be included.