

Fact Sheet: Client Abuse

Under the [Nurses Act](#), NANB is legally responsible to protect the public by regulating members of the nursing profession in New Brunswick. Regulation makes this profession, and nurses¹ as individuals, accountable to the public. Safe, competent, ethical and compassionate care is the goal of the nurse-client relationship and nurses are responsible to be professional in all encounters with clients.

A nurse-client relationship exists if the nurse has direct interaction with an individual for the purpose of providing nursing care, in any practice setting. Client abuse can be defined as the misuse of power or a betrayal of trust, respect or intimacy between the nurse and the client,² which may cause physical or emotional harm. This includes all types of abuse, such as:

- neglect (e.g., failing to provide the necessities of life);
- physical abuse (e.g., striking a client or causing discomfort);
- verbal/emotional abuse (e.g., shouting at or insulting a client);
- financial abuse (e.g., soliciting gifts from a client); or
- sexual abuse (e.g., inappropriately touching a client).

Abuse can be subtle or overt, and it interferes with meeting the client's therapeutic needs. It can permanently damage the nurse-client relationship and result in negative health outcomes. Abuse can also erode the public's confidence in the nursing profession.

Sexual Abuse

Sexual abuse is defined in the *Nurses Act* (section 28.1[2]) as:

- sexual intercourse or other forms of physical sexual relations between the member and the client;
- touching, of a sexual nature, of the client by the member; or
- behaviour or remarks of a sexual nature by the member towards the client.

Fact: *Most nurses do not harm clients.*

Fact: *Abuse to clients is under-reported.*

Fact: *Trauma from abuse is grave and long-lasting.*

Fact: *One case of abuse is too many.*

Nurses giving special attention to a client to the point of crossing over the boundaries of the nurse-client relationship to a more personal one, is a common antecedent to sexual abuse. Examples of special attention include: spending prolonged time with the person before or after work; giving gifts; sharing personal information and communicating via telephone or electronically.

Social media provides a venue for boundary crossing by facilitating a way for a nurse and a client to exchange personal information about each other. Maintaining professional boundaries is always the nurse's responsibility because of the power imbalance that exists between the client and the nurse. Any sexual or romantic relationship a nurse has with a client, is abuse, even if the client consents. In the nurse-client relationship, the nurse holds a position of power by virtue of having:

- professional knowledge and skills clients rely on for their well-being;
- access to a client's body; and
- access to a client's personal health information.

¹In this document, the term nurse includes graduate nurse, nurse practitioner and registered nurse.

²Client means the range of individuals and/or groups with whom nurses may be interacting. In some settings, other terms may be used such as patient or resident. In education, the client may also be a student; in administration, the client may also be an employee; and in research, the client is usually a subject or participant (NANB, 2018).

Preventing Client Abuse

Not all nurse-client boundary violations will lead to abuse, but the potential exists. Healthcare professionals who abuse clients often have a progression of unprofessional behaviours and a history of other professional misconduct matters. Many abuse situations involve a vulnerable client such as individuals with mental health conditions, residents of long-term care facilities and/or clients receiving home care.

Creating a safe culture in health care settings is important for the protection of both clients and employees. Everyone has a role in developing an environment where clients and employees can speak up about unsafe practice. The objective of a safe culture is to empower nurses to protect clients, their colleagues and themselves. The following actions can decrease the risk of client abuse:

- Education about client abuse, including signs of abuse and how to report it.
- Know the legislation regarding sexual abuse³ and signs of sexual abuse by healthcare providers.
- Be fit to practice - physical and emotional fatigue can impair judgment.⁴
- Stop, pause and reflect on your practice - do not cross professional boundaries.
- Do not communicate with clients via social media (e.g. do not 'friend' clients on Facebook).
- Intervene when you suspect a relationship is going from professional to personal.
- Bring client safety concerns forward to your employer as soon as possible.
- Report sexual abuse as outlined in the *Nurses Act*.

Raising a Concern or Reporting Abuse

Any nurse who has reason to believe that another healthcare professional is not practising safely to such an extent that the welfare of clients is jeopardized, is obligated report their concerns⁵. You are partner in ensuring public protection - if you are concerned about a situation impacting the safety of a client, it is your obligation to intervene.

It can be hard to know what information to report and to whom. This is a good conversation to have within your team at work, before the need arises. Being knowledgeable of the conduct that nurses are required to uphold described in the [Code of Conduct for Registered Nurses and Nurse Practitioners](#), the expected level of performance described in the [Standards of Practice](#), and relevant employer policies, will increase your awareness of what is acceptable and unacceptable behaviour. Through their accountability to safe, competent, compassionate and ethical practice, nurses:

- take steps to minimize risk and ensure that their nursing practice does not harm the health or safety of clients;

³Please see section V [Sexual Offences, Public Morals and Disorderly Conduct](#) of the *Criminal Code of Canada*.

⁴ Research shows that physical and emotional fatigue can reduce your cognitive functioning, including decision-making. It's important to pause and reflect on whether you feel your health is impacting the care you are providing. If it is, it might be time for self-care or to seek professional help (Johnson et al., 2018).

⁵ The nurse does not engage in any acts of professional incompetence, professional misconduct, or conduct unbecoming the profession and report any concerns related to these acts in compliance with the duty to report (CNNB, 2026.)

- strive to protect clients from any type of harm, neglect or abuse, and take action to stop and refrain from unsafe, incompetent, unethical, or unlawful practices, including refraining from physically, verbally, emotionally, financially, or sexually abusing, harassing or neglecting their client; and
- do not engage in any acts of professional incompetence, professional misconduct, or conduct unbecoming the profession and report any concerns related to these acts in compliance with the duty to report (CNNB, 2026). If you have a concern, at minimum, it needs to be reported to your employer.

There are certain situations legally required to be reported directly to the NANB or another regulatory body. For example, provincial legislation imposes a legal obligation on health care professionals, including nurses, to report incidents of sexual abuse⁶. Additionally, employers who dismiss a nurse for reasons of incompetence or incapacity are obligated by law to report that nurse to the NANB, and failure to report is considered to be professional misconduct.

The [complaints and discipline process](#) for nurses is outlined on the NANB website. There are also nurse consultants available to help you understand how to apply your standards of practice in relation to your duty to report. If you have questions regarding client abuse or your duty to report, please contact NANB by e-mail at practiceconsultation@nanb.nb.ca or by phone at 506-458-8731 / Toll-free (NB): 1-800-442-4417.

Acknowledgement:

The College of Nurses of Ontario granted permission to NANB to adapt content from the *Sexual Abuse Prevention* section of their website <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/sexual-abuse-prevention/>

References

- College of Nursing of New Brunswick. (2026). Code of Conduct for Registered Nurses and Nurse Practitioners. <https://cnnb-opinb.ca/en/library/document/code-of-conduct-for-registered-nurses-and-nurse-practitioners/>
- Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018). Mental healthcare staff well-being and burnout: A narrative review of trends, causes, implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, 27(1), 20-32.
- Nurses Association of New Brunswick. (2002). *Nurses Act*. <https://nanb.nb.ca/en/library/document/nurses-act/>
- Nurses Association of New Brunswick. (2018). *Standards for the Practice of Primary Health Care Nurse Practitioners*. <https://nanb.nb.ca/en/library/document/standards-of-practice-for-nurse-practitioners/>

⁶ Health care professionals who have reason to believe that another health care professional has sexually abused a client/patient must report that person to their regulatory body within 21 days.