



FICS Games

PROTOCOL GUIDELINE:

Creating and Maintaining Clear Sexual Boundaries Between Chiropractors and Patients

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FICS would like to acknowledge and recognise the Chiropractic Association of South Africa (“CASA”) who worked on this document to equip chiropractors with the knowledge and tools to provide sports specific care to physically active athletes. This Protocol seeks to inform Chiropractors on the following: -

- Guidance on identifying sexually inappropriate behavior and breaches of sexual boundaries.
- Guidelines in respect of creating clear sexual boundaries between themselves as chiropractors and patients, how to avoid allegations of sexual impropriety or falling victim to sexual impropriety, and setting out your responsibilities if sexually inappropriate behavior occurs.
- Reporting procedures and how to deal with the situation from a practical, legal and criminal standpoint.

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1. ABOUT THIS GUIDELINE

This guideline aims to set out the responsibilities of chiropractors in relation to the creation and maintenance of clear sexual boundaries with patients (including but not limited to the patient's parent/guardians/spouses/team mates/friends/anyone in the vicinity of the treatment administration) and what to do if these boundaries are crossed.

It contains information about

- the importance of creating clear sexual boundaries between chiropractors and their patients
- the establishment and maintenance of clear sexual boundaries with patients
- the action that can be taken against the chiropractor if allegations of sexually inappropriate behavior are made
- the action chiropractors must take if they are informed of, or have concerns about, or are victims of a breach of sexual boundaries.

Introduction

The chiropractor/patient relationship depends on confidence and trust. A chiropractor who displays sexualized behavior towards a patient would be seen to have breached that trust, acting unprofessionally, and may, additionally, be committing a criminal act.

Breaches of sexual boundaries by a chiropractor can damage patient/public confidence in chiropractors generally and leads to a diminution in trust between patients, their families and chiropractors.

By the same token, patients who display sexualized behavior or make unwanted and/or unsolicited sexual advancements towards chiropractors would similarly be guilty of breaching the patient/chiropractor trust relationship, and depending on the specific advances, may also be guilty of a criminal act.

Both patients and Chiropractors need to think carefully about how they behave towards each other, and the effect their behavior might have on their engagement.

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This Protocol seeks to provide practical guidance on how to effectively avoid breaches of sexual boundaries.

Definition of terms used in this document

Patient: a person who receives care or treatment from a chiropractor. For purposes of this guideline, the word “patient” shall be extended to include but is not limited to the patient’s parent/guardians/spouses/team-mates/friends or anyone in the vicinity of the treatment administration) and others who are close to patients and who are part of their clinical experience, for example a parent who accompanies their child to the clinic, team-mates of the patients at a sporting event, as well as any other person in the vicinity of the patient at the time that the chiropractor treats the patient.

Professional boundaries: are limits between chiropractor and patient that protect a practitioners’ professional power and their patient’s vulnerability and vice versa.

Sexualized behavior: acts, words or conduct / behavior and/or inappropriate or unwelcome gestures designed or intended to arouse or gratify sexual impulses or desires. Examples of sexualized behavior are listed in Appendix A to this Protocol.

Sexual Violence: The World Health Organization’s World Report on Violence and Health defines sexual violence as: *“any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.”*

Sexual Harassment: The Code of Good Practice on Sexual Harassment as set out in the Labour Relations Act states that: *“Sexual attention becomes sexual harassment if: (a) The behaviour is persisted in, although a single incident of harassment can constitute sexual harassment; and/or (b) The recipient has made it clear that the behaviour is considered offensive; and/or (c) The perpetrator should have known that the behaviour is regarded as unacceptable.”*

2. WHY ARE GUIDELINES ON SEXUAL BOUNDARIES NECESSARY?

The vast majority of chiropractors work ethically with dedication and integrity and are committed to the best possible patient care. However, in a small minority of cases chiropractors have been subjected to inappropriate sexual advances by patients and/or have themselves breached sexual boundaries with patients.

These situations could lead to criminal investigations and/or criminal charges, reputational consequences, possible civil damages claim, and harsh criminal sanctions being imposed on the chiropractor by the patient or by the chiropractor against his/her patient.

It could also lead to actions against the chiropractor by the Allied Health Professions Council within their country. This can be avoided if the guidelines set out in this Protocol are adhered to.

What constitutes a breach of sexual boundaries?

A breach of sexual boundaries occurs when a chiropractor displays unwanted sexualized behavior towards a patient or vice versa.

Breaches of sexual boundaries do not just include criminal acts such as rape or sexual assault, but cover a spectrum of behaviors, of varying seriousness, all of which can cause harm. The following list groups the main types of sexual boundary breaches in descending order of seriousness:

- criminal sexual acts
- sexual assault
- sexual abuse
- sexual harassment
- sexual relationships
- other sexually motivated actions such as unwanted sexual humor or inappropriate comments.

3. THE CONSEQUENCES

FOR BOTH CHIROPRACTORS AND PATIENTS WHEN SEXUAL BOUNDARIES ARE BREACHED

A boundary in the context of this guideline is the line separating two parties.

In essence, this is distinguishing a therapeutic relationship between chiropractor and patient with those other relationships that are casual, personal and familial. The key and foundational aspect of the doctor-patient relationship is for the professional to set and then maintain a healthy boundary.

There should be specific standards of professional conduct that apply to relationships between chiropractors and patients and spouses. These would typically include clear guidelines on communication, consent, confidentiality, procedures for intimate examinations etc.

A boundary violation could be anything from sexual harassment, sexual misconduct, sexual impropriety, sexual violation or sexual abuse. Actions deemed to be boundary violations apart from physical sexual assault or rape, could be anything from idle chatter or messages of a sexual nature, offensive jokes, suggestive or insulting sounds (whistling, ‘wolf’ or ‘cat-calls’), improper gowning procedures, inappropriate comments about appearance or sexual orientation, inquiries into sex life, sexual fantasies or preferences all the way to overtly sexual acts or any acts stipulated in Annexure A hereto.

Chiropractors must be aware that a “social contract” comes into effect when a patient consults his/her chiropractor. The social contract theory emphasizes the mutual rights and obligations of citizens and those in authority. The public interest is served by practitioners who act with altruism, compassion, empathy, primacy of the patient (fiduciary relationship) and a commitment to excellence. This is the glue that forms the social contact between the professional and patient.

If a patient sexually assaults or harasses a chiropractor, it is a breach of this social contract between practitioner and patient.

This scenario works both ways and the chiropractor must at all times be aware of the risk of themselves being accused of sexually inappropriate behavior towards patients and the consequences thereof.

Breaches of sexual boundaries by chiropractors are unacceptable because:

- they can cause significant and enduring harm to both parties
- they damage trust – the patient’s trust in the chiropractor and the public trust in chiropractors in general and in the reverse instance, the chiropractor will not feel safe or comfortable continuing treatment for the patient
- they impair professional judgment. Sexual or inappropriate involvement with a patient may influence a chiropractor’s decisions about care and treatment to the detriment of the patient.

Trust and safety

Chiropractors have a duty to ensure the safety and wellbeing of their patients. A patient must be able to trust that their chiropractor will provide the best possible care and act in their best interests.

They must feel confident and safe so that they can be treated effectively and participate effectively in their care. A breach of sexual boundaries can seriously damage this trust and the relationship will not be able to continue.

4. HOW TO AVOID BREACHES OF SEXUAL BOUNDARIES

On occasion chiropractors may find themselves sexually attracted to patients. It is the chiropractor’s responsibility never to act on these feelings and to recognize the harm that any such actions could cause. In this such instances, and if the chiropractor does not foresee those feelings of attraction dissipating, the chiropractor is required to immediately refer the patient to a colleague practitioner for further treatment to avoid any instances of impropriety from occurring.

Since chiropractic involves quite a bit of intimate physical contact with patients, clear communication is always advised and helps patients to avoid misunderstandings.

During diagnosis and ~~or~~ treatment chiropractors should explain what they are going to do and why. They must communicate this in a way that the patient can understand and must consider the patient’s particular communication requirements.

To safeguard chiropractors against allegations of sexual impropriety from patients, there are various steps that can be taken to avoid allegations of sexual impropriety, which are dealt with below.

Consent to treatment

Chiropractors must always ensure they have a patient's valid written consent before carrying out any examination or investigation, and before providing treatment or care.

They must also ensure they have ongoing consent from the patient where treatment changes or develops.

For consent to be valid, patients must be given sufficient information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care.

Special consideration must be given when seeking consent from patients under the age of majority. Chiropractors must be aware of the legal, statutory and regulatory requirements relevant to their practice.

Indemnities

The best way to obtain written consent is by having clearly worded indemnity forms for patients to sign prior to any treatment being given. These indemnities would include consent to particular treatment, which could involve intimate contact with the patient (of a non-sexual kind).

The indemnity should also provide the patient with upfront knowledge that any sexual advancements made by the patient towards the chiropractor could result in criminal action being taken or the possibility of a civil damages claim.

It is vital for chiropractors to have robust risk management indemnity forms and processes in place, for the protection of themselves and their patients.

If a chiropractor is sexually harassed and/or assaulted by a patient, they should be made aware that support is at hand from CASA, be it in the form of providing access to legal professionals who may be able to assist in charging the perpetrator or the assistance with provision of trauma support. This will strictly be in the form of assisting the chiropractor with persons to contact in such event and not coverage of any professional fees for same.

Since sexual harassment /sexual assault are also criminal charges, chiropractors must be aware of their right to lay criminal charges against the patient, either themselves with the police or through a criminal attorney.

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Clear and effective communication

Clear communication with patients helps to avoid misunderstandings. During diagnosis and ~~of~~ treatment chiropractors should explain what they are going to do and why.

They must communicate this in a way that the patient can understand and that takes into account the patient's particular communication requirements. In particular, a chiropractor should:

- explain why certain questions need to be asked
- explain why any examination or procedure is necessary
- explain what will happen during any examination or procedure and ensure the patient has understood, especially when examination or treatment is required in a sexually sensitive area
- find out what the patient wants to know about their condition and its treatment
- give the patient ~~an~~ opportunities to ask questions
- if necessary, use an appropriate interpreter
- obtain the patient's permission before the assessment and ~~of~~ treatment and record that permission has been obtained
- make sure patients know that they can communicate any discomfort or concern and that they can stop an examination or procedure at any time.

Intimate examinations

The maintenance of clear sexual boundaries is particularly important when chiropractors carry out intimate examinations and/or treatment in sexually sensitive areas.

The definition of an intimate examination will depend on the patient's perspective and may be affected by cultural issues.

Chiropractors must be aware of this and ensure that patients' privacy and dignity are maintained.

The following should be ensured:

- there should be a place to undress, such as a curtained space or changing room, that is out of view of anyone else, including the chiropractor, other employees, patients and the public, unless observation is necessary as part of a clinical assessment and the patient

understands and consents to this

- intimate examinations should take place in a closed room or well-screened area that cannot be entered while the examination is in progress
- someone should be available to help the patient if the patient requests and requires assistance
- the patient should be offered appropriate cover, such as a robe, if they have to walk from one area to another
- waiting time whilst patients are undressed should be kept to a minimum
- patients should not be asked to remain undressed for longer than is necessary to complete the examination or procedure and should be advised to get dressed as soon as the examination or procedure is finished
- partial undressing should be advised wherever possible. If the examination or procedure includes several parts of the body, as much of the patient's body as possible should remain covered during the different stages of examination
- chiropractors should ensure that patients' valuables are kept with patients or that secure storage is provided
- examinations or procedures should ideally not be interrupted, however if interrupted, the chiropractor should ensure that the patient's privacy is not affected by any such interruption.

During intimate examinations

Chiropractors must continue to ensure their patients' comfort and wellbeing throughout the course of intimate examinations. They can do so by:

- offering reassurance and being courteous
- keeping discussion relevant and encouraging questions and discussion
- remaining alert to verbal and non-verbal indications of distress or anxiety from the patient
- discontinuing the examination immediately at the patient's request
- chaperones may be considered

Wherever possible patients should be offered the choice of having an impartial observer, or

chaperone, present during an examination that the patient considers to be intimate. If a chaperone is present, the chiropractor should record the fact and make a note of their identity and status.

Acknowledging signs of sexual attraction

All chiropractors must be self-aware and recognize behaviours which, while not necessarily constituting a breach of sexual boundaries, may be **precursors** to displaying sexualized behaviour towards patients or from the patient towards the chiropractor.

These behaviours have the ability to deteriorate boundaries, which include:

- revealing intimate details to a patient during a professional consultation
- giving or accepting social invitations
- visiting a patient's home unannounced and without a prior appointment
- seeing patients outside of normal practice, for example when other staff are not there
- appointments at unusual hours, not following normal patient appointment booking procedures or preferring a certain patient to have the last appointment of the day other than for clinical reasons
- clinically unnecessary communications.

Failure to recognize the signs of sexual attraction at an early stage and acting appropriately could result in serious harm to patients and to the chiropractor's career.

5. CONCERNS

When sexual feelings towards a patient become a cause for concern

If a chiropractor is sexually attracted to a patient or if it is clear that the patient is sexually attracted to the chiropractor and there is concern that it may affect the professional relationship between them, the Chiropractor should ask for help and advice from a colleague or CASA or CSA in order to decide on the most professional course of action to take.

If, having sought advice, the chiropractor does not believe they can remain objective and professional, they must:

- find alternative care for the patient
- ensure that a proper handover to another chiropractor takes place
- hand over care in a way that does not make the patient feel that they have done anything wrong (if no actual sexual assault has taken place)

When a patient is sexually attracted to a chiropractor

Sometimes patients or their parent/guardians are attracted to their chiropractor. If a patient displays sexualized behaviour towards a chiropractor, an appropriate course of action might be to discuss the patient's feelings and attraction in a constructive manner and try to re-establish a professional relationship.

If this is not possible or the chiropractor believes it to be unsafe to have such a discussion with the patient, the chiropractor should transfer the care of the patient to a colleague.

It is strongly recommended that the chiropractor seeks advice from a colleague or CASA or CSA in such instance.

Sexual activity with former patients or their parent/guardians

Sexual relationships with any former patient, or the parent/guardian of a former patient, will often be inappropriate however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship.

The possibility of a sexual relationship with a former patient may arise, for example through social contact. If a chiropractor thinks that a relationship with a former patient might develop, he or she

must seriously consider the possible future harm that could be caused and the potential impact on their own professional status.

They must use their professional judgment and give careful consideration to the following:

- when the professional relationship ended and how long it lasted
- the nature of the previous professional relationship and whether it involved a significant imbalance of power
- whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be considered vulnerable
- whether they would be exploiting any power imbalance, knowledge or influence obtained while they were the patient's chiropractor to develop or progress the relationship
- whether they are, or in future are likely to be, treating other members of the former patient's family.

If a chiropractor is not sure whether they are – or could be seen to be – abusing their professional position, they should seek advice from an appropriate professional body.

However consensual a relationship appears to be, if a complaint is made the onus will always be on the chiropractor to show that they have acted professionally by giving serious consideration to the points above in relation to the circumstances in question, and by seeking appropriate advice.

6. REPORTING PROBLEMS

Problems with other chiropractors

If a chiropractor becomes aware that another chiropractor has breached sexual boundaries with a patient or parent/guardian, he or she has an ethical and professional duty to take action.

Concerns about their own position or job security should not deter them from speaking out. The patient and/or their colleague's welfare should be their first concern.

Failure to take steps to prevent harm to a patient or to a colleague may amount to professional misconduct.

Chiropractors may be made aware of concerns about a colleague by a patient – either a patient directly affected by a sexual boundary transgression or another patient. In either case the chiropractor should:

- be aware of how difficult it may have been for the patient to come forward with this information
- answer the patient's questions and, if relevant, provide information to help them establish whether a breach of boundaries has taken place
- alert the patient to other sources of advice
- inform the patient how they can make a complaint if they wish to do so.

If the chiropractor is in doubt, they should seek advice from a colleague or appropriate professional body.

Disclosure of unprofessional behaviour by a colleague

If a chiropractor is asked for advice by a colleague who feels attracted to a patient or parent/guardian but has not acted inappropriately, they do not have a professional duty to inform anyone.

However, if they feel that the colleague or the patient may be at risk of harm, or if they feel they need help in advising their peer, it is strongly recommended that they seek advice from an appropriate professional body.

Good practice in maintaining doctor - patient relationships

CASA provides specific guidelines of professional conduct that apply to relationships between chiropractors and patients.

The Allied Health Professions Council of South Africa has a Code of Ethics which outlines guidelines for Good Practice. This Protocol Guideline should be read in conjunction with this Code of Ethics.

These include guidelines on communication, consent, confidentiality, procedures for intimate examinations and the use of chaperones. Good practice in these areas is an important part of the maintenance of clear sexual boundaries.

What steps can a chiropractor take

If a chiropractor were to find themselves the victim of sexual harassment or sexual assault The Code of Good Practice on Sexual Harassment as set out in the Labour Relations Act states that:

“Sexual attention becomes sexual harassment if:

- (a) The behaviour is persisted in, although a single incident of harassment can constitute sexual harassment; and/or*
- (b) The recipient has made it clear that the behaviour is considered offensive; and/or*
- (c) The perpetrator should have known that the behaviour is regarded as unacceptable.”*

What are the different forms of sexual harassment?

Some forms of sexual harassment include:

Physical conduct

- Unwanted touching or physical contact (e.g. an arm around the shoulder; a hand placed on a thigh or another part of the body; standing up against someone after being told to move away; brushing up against someone, touching, fondling or hugging)
- Being subjected to a strip search in the presence of someone of the opposite sex.

Verbal conduct

- Cat calling – whistling, yelling sexually suggestive comments, usually at a stranger
- Unwanted flirting
- Jokes referring to sexual acts and/or sexual orientation
- Unwelcome graphic comments about a person’s body (e.g. “Look at those sexy legs” “Nice rack” “I like a curvy woman”)
- Unwelcome and/or inappropriate enquiries about a person’s sex life
- Sexual favours – asking for sexual favours
- Other sexual advancements

Non-verbal conduct

- Unwelcome gestures of a sexual nature – looking someone up and down in a way that makes that person feel uncomfortable, blocking someone’s path
- Indecent exposure
- Unwelcome display and/or sharing of sexually explicit pictures and objects

Quid pro Quo – Something for Something

- When an owner, employer, supervisor, member of management or co-employee influences conditions of employment or advancement in exchange for sexual favours, either explicitly or implicitly – this may include: access to training opportunities; consideration for employment, promotion and/or salary increase, and dismissal/disciplinary proceedings.

How do you know if it is sexual harassment? Ask the following questions:

- Is the conduct of a sexual nature?
- Is the conduct unwelcome?
- Do you feel uncomfortable?
- Do you feel you are being punished for your perceived gender or sexual orientation?

What can I do if I've experienced sexual harassment?

In public

Every situation is different so there is no 'right' response. The key to deciding what to do is your own safety. You may decide that no reaction is the safest response.

If you do decide to respond:

- Be firm and let the harasser know in a strong, clear voice that their behaviour is unacceptable. You could say: "What you are doing is sexual harassment."
- Don't engage in dialogue
- Keep moving

In the workplace

Sexual harassment in the workplace is an unfair labour practice and you can ask your employer to deal with it.

You have the constitutional right to:

- A workplace that is free from sexual harassment
- Be treated with dignity and respect at work
- Be treated equally, and not to be discriminated against because of race, gender and your HIV status
- To report sexual harassment without fear of victimization (ill-treatment)
- Have your complaint treated seriously and confidentially. Consult your workplace sexual harassment policy for subsequent ~~next~~ steps

If the sexual harassment is persistent

If a person believes that they are continuously being harassed by someone, they can apply for a protection order in the Magistrate's Court nearest to them.

It is also possible for a person to make an application for a protection order on behalf of the victim/survivor. This means that, any person who has an interest in the wellbeing and safety of the victim/survivor can make an application.

It is not a requirement for the victim/survivor to be in some sort of a relationship with the

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perpetrator. This means that the perpetrator can be any person, for example, a stranger to, a friend of or someone working with the complainant.

If a chiropractor is the victim of sexual harassment (in the form of chatter or messages of a sexual nature, offensive jokes, suggestive or insulting sounds (whistling, ‘wolf’ or ‘cat-calls’), improper gowning procedures, inappropriate comments about appearance or sexual orientation, inquiries into sex life or any other act set out in Appendix A), the chiropractor must immediately inform the patient that such conduct is unwarranted, unsolicited and inappropriate and that the patient must immediately desist. Sometimes it could be a misunderstanding and the conduct will cease.

If the patient does not stop and the sexual harassment continues the chiropractor has the following options:

- Contact an attorney and request that an urgent “cease and desist” letter be sent to the patient
- Cancel all future appointments with the patient and inform the patient (preferably in the aforementioned letter) that they are no longer permitted to contact the chiropractor. Referrals to other chiropractors must be given to the patient so as not to abandon care
- If the harassment continues or turns into stalking of the chiropractor, the chiropractor should immediately report the occurrence and the patient at the nearest police station and lay a charge of sexual harassment. Simultaneously with this charge, the chiropractor may apply for a restraining and protection order against the patient which would have the effect that the patient would be arrested if they violated the terms of the restraining order and contacted the chiropractor
- Depending on the severity of the incident/s, the chiropractor can also consider bringing a civil damages claim against the patient in respect of post-traumatic-stress, pain and suffering, medical or psychological expenses incurred as a result of the sexual harassment and/or sexual assault etc.

In the event of a chiropractor falling victim to sexual assault, or violent sexual assault including rape, the chiropractor must immediately:

- Go to the nearest doctor or hospital to have a rape kit conducted

- Report the incident at the nearest police station and lay a charge of sexual assault / rape against the patient
- If the patient is arrested and posts bail pending a trial, the chiropractor must apply for a restraining and protection order against the patient to prevent any contact
- The chiropractor may choose to lay a criminal charge against the perpetrator on the basis of sexual assault or rape. Due to the specific definitions of these crimes, evidence has to be presented that supports the factual elements of these crimes

7. LEGISLATIVE FRAMEWORK

There are a number of laws in South Africa which protect your right to safety, offer protection from harassment; and promote bodily integrity:

- **The Protection from Harassment Act, Act 17 of 2011** addresses harassment and stalking behaviours, which violate the individual's Constitutional right to privacy and dignity.
- **The Labour Relations Act, Act 66 of 1995** is the main act that deals with sexual harassment in the workplace. It has a Code of Good Practice on Sexual Harassment that sets out the best ways to deal with complaints about sexual harassment (as set out above).
- **The Employment Equity Act, Act No 55 of 1998**, sets out that harassment of an employee is a form of unfair discrimination and it is prohibited on any one or combination of grounds of unfair discrimination listed in the Act.
- **The Criminal Law (Sexual Offences and Related Matters) Amendment** affords complainants of sexual offences the maximum and least traumatizing protection that the law can provide, to introduce measures which seek to enable the relevant organs of state to give full effect to the provisions of this Act and to combat and, ultimately, eradicate the relatively high incidence of sexual offences committed in the Republic.
- **Civil Damages Claims by way of Civil Litigation** is also an option in seeking redress from perpetrators for any psychological, physical, traumatic or financial harm caused by the offence.

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8. CONCLUSION

It is imperative that victims of sexual harassment and/or sexual assault and/or unwelcome sexualized behavior speak out about it by taking action against the perpetrator.

Care should always be taken (as set out in this guideline) by the Chiropractor to ensure that patients (which includes parents of / friends of / colleagues of patients) are fully aware of the sexual boundaries that exists between themselves and the Chiropractor and that steps are taken at all times to avoid breaches of sexual boundaries by either party.

APPENDIX A: Examples of sexualized behavior

By chiropractors towards patients or their parent/guardians

- asking for or accepting a date
- sexual humour during consultations or examinations
- inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation
- routine or non-therapeutic hugging of patients
- requesting details of sexual orientation, history or preferences that are not necessary or relevant
- asking for, or accepting an offer of, sex
- watching a patient undress (unless a justified part of an examination)
- unnecessary exposure of the patient's body
- accessing a patient's or family chiropractor's records to find out personal information not clinically required for their treatment
- unplanned home visits with sexual intent
- taking or keeping photographs of the patient or their family that are not clinically necessary
- telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details.
- clinically unjustified physical examinations
- intimate examinations carried out without the patient's explicit consent
- examinations or treatment in sexually sensitive areas without the patient's explicit consent
- continuing with examination or treatment when consent has been refused or withdrawn
- any sexual act induced by the patient or chiropractor for their own sexual gratification
- the exchange of drugs or services for sexual favours
- exposure of parts of the body to the other
- sexual assault.