

## **PREVENTION OF SEXUAL ABUSE OF PATIENTS**

This document is intended to act as a resource for members who are seeking information in regards to:

- What constitutes “sexual abuse” under the *RHPA*;
- Increasing one’s awareness of situations in which sexual abuse may occur;
- Identifying the risks of sexual abuse; and
- Avoiding misunderstandings that may lead to accusations of sexual abuse.

### **The College’s Position on Sexual Abuse**

The College is dedicated to providing opticians with the information and resources that they need to assist them in ensuring that patients are always treated with professionalism and care, and in such a manner that reflects the commitment of the opticianry profession to achieving the highest moral and ethical standards.

The College endorses a policy of **Zero Tolerance** pertaining to any forms of verbal, emotional, physical or sexual abuse. The optician/patient relationship is based on mutual trust and respect, where any form of sexual abuse of a patient by a member is considered to be a betrayal of that trust.

The College recognizes the seriousness and extent of injury that sexual abuse can cause the patient. The College accepts its important responsibility to protect the public by dealing with sexual abuse issues openly, and prioritizing prevention through educating both the members of the profession as well as the public.

The College will investigate all complaints of sexual abuse by members, and will do so in an effective, timely and sensitive fashion. The College will also investigate allegations of sexual abuse that comes to its attention through channels other than reports made by its members. Allegations of sexual abuse may be referred to the Discipline Committee of the College.

Given the severity of the consequences, the College encourages its membership to read this document and to treat it as a reference for not only themselves, but also for their staff, employers and co-workers. The penalties imposed will be at the discretion of the Discipline Committee and may include a range of discipline penalties.

### **Definition of Sexual Abuse**

Section 1 of Schedule 2 to the *Regulated Health Professions Act* defines sexual abuse as follows:

- (3) In this Code,  
“sexual abuse” of a patient by a member means,

- (a) sexual intercourse or other forms of physical sexual relations between the member and the patient,
  - (b) touching, of a sexual nature, of the patient by the member, or
  - (c) behaviour or remarks of a sexual nature by the member towards the patient.
- 1993, c. 37, s. 4.

**Exception**

- (4) For the purposes of subsection (3),

“sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided. 1993, c. 37, s. 4.

**THE OPTICIAN/PATIENT RELATIONSHIP**

The relationship between the patient and the optician is one of a professional nature, where sexually abusive behaviour is considered to be a fundamental betrayal of the trust that is implicit in such a relationship. The optician is always responsible for any occurrence of abuse, and thus also bears the onus to prevent it.

A patient entrusts his or her vision care to an optician based on the member’s unique knowledge and professional skills. It is assumed by the public that the optician will address the health care needs of the patient in a manner that is sensitive, caring and professional.

It is generally recognised that a power differential may exist between health care professionals and their patients, and that this imbalance will vary in degree depending on the type of health care practitioner. Knowledge and expertise can place an optician in a position of power in the optician/patient relationship, and it is paramount that this hierarchy is not exploited by members.

**PROFESSIONAL BOUNDARIES**

Each optician has the personal responsibility to maintain professional boundaries. Professional boundaries are the limits between where a strictly professional relationship ends and a non-professional relationship begins. Non-professional relationships are social relationships, which may be casual, friendly, or romantic.

The optician is responsible for using his or her professional judgement to determine when relationships have exceeded professional boundaries. Be aware that the definition of “sexual abuse” is very broad. If an optician intends to date a patient, the optician/patient relationship must first be terminated. Arrangements must be made for another optician to treat the patient. The optician must then wait an acceptable period of time before beginning to date that patient. What constitutes an acceptable length of time is specific to the unique set of circumstances that surround each case, where the Optician is strongly encouraged to consult with the College prior to commencing a relationship with the previous patient.

The optician is always both responsible and accountable for any occurrence of abuse. This is true even if the patient takes the initiative to change the relationship. Some warning signs which may indicate blurring or crossing of professional boundaries might include:

- Deliberately scheduling a patient’s sessions to take place when other persons are not present, if not related to the patient’s expressed health care needs;

- Excessive telephone conversations with the patient which are not necessary for the patient's treatment;
- Reducing or waiving professional fees if not related to ability to pay;
- Giving or receiving gifts, especially expensive gifts or those of a personal nature;
- Experiencing personal feelings about a patient; and
- Meeting socially with the patient or attempting to do so.

The optician should self-monitor for the above behaviours, since one or more of these occurrences could lead to a sexually abusive relationship, or may be perceived by a patient as something outside of the optician/patient relationship. If any of the above signs are present, the optician should honestly examine his or her motivation and, where appropriate, immediately adjust his or her behaviour. If a patient attempts to encourage a relationship, the member must inform the patient about the restrictions with respect to personal relationships and document the discussion in the patient's health record.

While the College recognizes that this document does not cover all possible situations, most instances of sexually demeaning conduct or boundary violations are preventable through increased awareness and education. Some suggestions that may help to avoid either a patient lodging a complaint, or a misunderstanding that could lead to accusations of sexual abuse are listed below.

Members need to be careful during their interactions with patients to ensure that one's behaviour is not misinterpreted. Opticians should be aware of how one's behaviour may be perceived by patients, as well as by anyone who may observe or overhear the interaction. The College advises all members to take a second look at his or her own behaviour; to be alert to the potential for allegations of sexual impropriety and, where necessary; to change behaviour accordingly. The following are examples of conduct that, if performed by an Optician, may lead to allegations of sexual abuse:

- Engaging in any behaviour of a sexual nature that can cause discomfort to anyone, including colleagues or patients;
- Engaging in conversations or making comments of a sexual nature in the presence of a patient;
- Expressing sexual interest in a patient;
- Touching a patient excessively, unnecessarily or in inappropriate body areas;
- Having a patient disrobe - it is never appropriate;
- Making comments, or telling jokes or stories, of a sexual nature in the presence of patients;

- Using gestures, tones or expressions that may be interpreted as sexual, seductive or demeaning;
- Commenting, inquiring or speculating about a patient's sexual life, practices or orientation;
- Making provocative or suggestive comments about a patient's appearance;
- Performing treatment outside the office or work setting if this is not ordinarily part of the services provided; and
- Giving or receiving gifts, especially expensive gifts or those of a personal nature.

## **CULTURAL SENSITIVITY**

Today's society is culturally diverse. Boundaries may be different for each person depending upon his or her age, gender, ethnicity, religion, sexual orientation, physical differences and/or socio-economic background. It is important to learn about and understand how these differences may affect the optician/patient relationship.

Lack of knowledge regarding cultural and other differences may cause a patient unnecessary discomfort and embarrassment and lead to misunderstandings between the optician and patient. Opticians may find that it is helpful to ask a patient what type of contact and interaction is acceptable and what is not. In some cases, a patient may wish to have his or her care transferred to an optician of a different sex. A patient may also wish to have an additional health care worker (e.g. someone the patient knows and trusts) or a family member present during an assessment or fitting.

### **Body Language**

How you say something can be as important as what you say. Your tone of voice and body language can communicate as much as, or more than your actual words. Patients may misunderstand your message if your body language contradicts what you are saying. This may be particularly relevant for patients of different cultural backgrounds.

When dealing with patients, it is important that the optician:

- Maintain appropriate eye contact;
- Use physical gestures carefully;
- Convey concern and empathy with appropriate facial expressions;
- Respect others' cultural, religious, sexual and physical differences;
- Tell the patient what you are about to do before proceeding with the assessment or procedure; and

- Be cognisant of any discomfort that is expressed, either verbally or non-verbally, by the patient.

### **Touching and Other Physical Contact**

Any physical contact with a patient must be appropriate to the services that you are providing. Patients should be offered choices in regards to how and by whom they are to be touched.

Some physical contact that is common in Western culture, such as a handshake, can be interpreted by members of other cultures as unsolicited physical contact that is intrusive and/or sexually abusive. Some patients are often offended by any uninvited touching, where such physical contact might be as seemingly innocuous as touching the ears to adjust the eyeglass frame.

#### **When preparing to touch a patient the optician should:**

- Explain to the patient why, where and when you need to touch him or her prior to doing so;
- Respect, as much as possible, the patient's personal sense of space;
- Give clear instructions to the patient;
- Provide reassurance and explanations throughout the assessment; and
- Provide opportunities for the patient to ask questions.

Effective communication is essential. Employing professional practices, such as providing patients with clear and complete information and ensuring that patients are involved in all decisions, will assist in avoiding misunderstandings. Best practices include, but are not limited to:

- Introducing yourself and/or any student/staff member observing or involved in an assessment/fitting;
- Being aware of your behaviour and whether or not your actions or comments could be offensive to a patient;
- Being sensitive to a patient's discomfort to your words or behaviour, and changing them if necessary;
- Being aware of, and acknowledging a patient's fear or embarrassment;
- Acting in a professional manner that is appropriate to the services or care that you are providing;
- Being aware of a patient's uneasiness with your physical proximity to him or her, and responding appropriately;
- Demonstrating respect, empathy and concern during your interactions with patients;

- Maintaining a high level of professionalism throughout your practice;
- Maintaining patient confidentiality;
- Ensuring, as much as possible, that the patient clearly understands the purpose for any procedure;
- Verifying that the patient understands the message by repeating and/or rephrasing the information and, if necessary, asking the patient to repeat the information back to you;
- Inviting a parent or guardian to be in attendance when fitting minors;
- Speaking directly to the patient when you are working with an interpreter or with members of the patient's support network;
- Verbally comforting and reassuring a nervous or upset patient; and
- Being aware and in control of your tone of voice, body language and facial expressions.

**Additional Considerations:**

- Record in the patient's file all propositions and/or requests from a patient which you feel may be unacceptable within the patient/practitioner relationship;
- Schedule appointments with patients during normal business hours. If appointments must be made before or after business hours then make all reasonable attempts to ensure that another staff person, or third party, is present; and
- Incorporate transparent windows and open-door environments where possible.