





SASLHA
South African Speech-Language-Hearing Association

0861 113 297 

admin@saslha.co.za 

www.saslha.co.za 

P. O Box 1690 Umhlanga Rocks, 4320 

Professional Practice Guidelines

for

HARASSMENT IN THE PRACTICE OR THE WORKPLACE

Ethics and Standards Committee 2023

A Dent	BA (Sp and H Th) Wits
E Bostock	BA (Sp and H Th) Wits
I Burger	BSc Speech-Language Pathology (UCT)
S Coetzee	BSc Speech-Language Pathology (UCT), MSc Speech-Language Pathology (UCT).
C Lichtenstein	BA (Sp and H Th) Wits
R Mallick	BSc Speech-Language Pathology (UCT), MSc Speech-Language Pathology (UCT), PhD Speech-Language Pathology (UCT).
I von Bentheim	BSc Logopaedics (UCT), MSc Speech-Language Pathology (UCT).



Guidelines for Speech-Language Therapists and Audiologists regarding Harassment in the practice or the workplace

INTRODUCTION

Harassment is a form of discrimination that constitutes a violation of human rights and employment laws. It is unwanted conduct which is humiliating and demeaning; and is frequently linked to conflict resulting in strained relationships in the workplace or professional context.

Harassment may be persistent or an isolated incident. Harassment undermines the individual personally and professionally. Furthermore, harassment creates a hostile or intimidating environment for the individual with potentially adverse consequences for clients and professionals.

KEY CONCEPTS AND DEFINITIONS

The following behaviours constitute harassment:

Sexual harassment: may include behaviour, which is physical such as unwanted advances and touching, sexual bribery and offensive body language. It may also include unwelcome subtle or inappropriate behaviours such as verbal advances, attention which is unwanted, offensive personal comments and threats, including telephonic and written communication, as well as sending sexually suggestive or explicit images.

Bullying: is the use of power to threaten, insult, disparage, abuse or discriminate. It may take the form of shouting, sarcasm, derogatory remarks concerning job performance or personal attributes, or constant criticism, and may result in the isolation or exclusion of the individual. Bullying undermines the self-determination of the client and, in the case of professionals constitutes an interference with professional judgment and integrity.

Harassment on the basis of age, disability, race, religion, sexuality or gender: is the result of differing attitudes, views, beliefs and values. It may take the form of offensive and ridiculing remarks including racist, religious, sexist and disability-related jests. Vulnerable groups include individuals with cognitive impairments, children, the LGBTQIA+ community, and the aged.

Harassment by clients: may include inappropriate confrontation and challenging by the client with regard to issues such as lack of progress made in therapy, or payment for professional services rendered. This may negatively impact on the services provided to clients and may be related to differing expectations of the therapy process, techniques used, and therapy outcomes. Families and clients may thus be seen as being defensive and may present to the Speech-Language Therapist and/or Audiologist (SLT/A) as hostile or harassing.



Harassment by other health professionals: may include any interaction considered to be undermining, inappropriately confrontational or challenging regarding diagnosis, recommendations, choice of intervention strategies and practice management.

POSSIBLE CONSEQUENCES OF HARASSMENT ARE LISTED BELOW:

Harassment may:

- Create feelings of discomfort, distraction, nervousness and alienation;
- Affect health, professional performance, morale and confidence;
- Result in absenteeism and reduced work efficiency.
-

RELEVANT LEGISLATION

- The Constitution of the Republic of South Africa (Act No. 108, 1996)
- Health Professions Act (Act No. 56 of 1974)
- The Employment Equity Act (Act No. 55 of 1998; see also the amendment in the government gazette Vol. 482, 4 August 2005, No. 27865)
- Labour Relations Act, (Act No. 66 of 1995) (The Sexual Harassment Code)
- The Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA)(Act No. 4 of 2000)
- Convention on the Rights of the Child (Ratified on 16 June 1995)
- The African Children's Charter (Ratified on 7 January 2000)
-

CONTEXTS IN WHICH HARASSMENT MAY OCCUR

Harassment may occur:

- In any environment in the public or private sector;
- In the work context between a colleague, client, family member of a client or person in authority;
- Inter-professionally between the Speech-Language Therapist and/or Audiologist, or Hearing Aid Acoustician and other health professionals.



STRATEGIES FOR DEALING WITH HARASSMENT

- Alleged harassment should be carefully and seriously considered and dealt with quickly and in confidence;
- Avoid harassment or reduce the chance of it occurring by behaving in a professional and ethical manner;
- Keep meticulous records of both your and the client's or other professional's behaviour including details of the incident(s), date and time;
- Discuss the issue with another professional or professional body (without divulging the name of the client or other professional involved in the harassment), to get another perspective, and request that person or body to assist you in taking action;
- Speak directly to the person concerned (with or without a colleague present), noting what the concern is and requesting that the harassment cease.

SPECIFIC STRATEGIES FOR DEALING WITH HARASSMENT BETWEEN THE THERAPIST AND THE CLIENT

- Maintain professional boundaries with clients and their families;
- Inform all clients of the facility's harassment policy – this could form part of the standard form clients have to sign. For example: *This is a harassment-free facility. All people that work here, or use this facility have to show respect to all;*
- If a client, a family member of a client or colleague raises an inappropriate topic, direct the clinical discussion back to therapy issues by changing the topic in an acceptable way;
- If a client or family member of a client is harassing you over the phone, indicate verbally what the problem is and request that the behaviour cease. If the harassment continues in that call, politely end the call and record the incident in writing;
- In a multi-professional department, request another professional (of the same profession) to take over management of the client.
- If the client persists in harassing you, it is acceptable to terminate therapy and refer the client to another professional, if they have been warned that this will be the consequence of continued harassment.
- Avoid unnecessary physical contact with the person harassing you. If contact is mandatory e.g., in dysphagia management, first explain the procedure to be done and then obtain the client's permission;
- Do not give out your private phone number, and accept phone calls out of working hours with discretion;



- Avoid being alone in a practice or department or when making a home visit;
- Consider working with the door to the therapy room open (with the consent of the client);
- Consider having a family member/caregiver present during a therapy session (only if the client has consented to such person being present);
- If the problem concerns an aspect related to service delivery, request the person to put their concern in writing, consider the issue, consult with a colleague if necessary and reply.

LODGING FORMAL COMPLAINTS ABOUT HARASSMENT

In the event of the above-listed strategies not proving successful, the following options are available:

- A formal complaint in writing may be made as soon as possible after the incident. This may be submitted to a senior staff member or relevant departmental head. It is recommended that facilities formalize their harassment policy and dedicate a senior staff member to deal with these issues;
- Lodging a harassment complaint against another health professional with the HPCSA
- Go to www.practitioners.hpcsa.co.za to register a complaint on their online Complaints portal.
- Lodging a complaint against a client or family member with the police, should the conduct amount to *crimen injuria* or assault;
- Consultation with the Department of Labour and Commission for Conciliation Mediation and Arbitration (CCMA);
- Consultation with a labour- or human rights/constitutional lawyer.



RESOURCES FOR FURTHER READING

Patient Information Leaflet. Brochure by the SA Medical Association, Human Rights, Law and Ethics Unit, Pretoria, South Africa (<http://www.samedical.org/>)

APA Ethical Principles of Psychologists and Code of Conduct (2002)
(<http://www.apa.org/ethics/code/index.aspx>)

Constitution of the Republic of South Africa. Act No. 108 of 1996(<http://www.hpcsa.co.za/>)

Department of Labour (1995). Labour Relations Act, No. 66 of 1995(<http://www.hpcsa.co.za/>)

Doctors and patient's rights and responsibilities [http://www SA Medical Association](http://www.samedical.org/)
(<http://www.samedical.org/>)

Employment Equity Act, No. 55 of 1998. (www.labour.gov.za/legislation/code) Retrieved November 2006
Code of good practice on handling sexual harassment cases.

Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000

Marathon Oil Corporation (2003). Harassment policy.
http://www.marathon.com/Careers/Benefits_Policies/Harassment_Policy/

New Zealand Society of Physiotherapists Inc. (2003). NZSP Policy on professional sexual boundaries
(www.physiotherapy.org.nz/Index02/Publications/Sexual_Abuse_Policy.html)

Policy on harassment and bullying. Department of Finance, Government of Ireland(2000).
www.finance.gov.ie/viewdoc.asp?DocID=507

Policy on harassment & bullying at work. University College London.
(http://www.ucl.ac.uk/hr/docs/harassment_bullying.php)

Pretorius, J.L., Klinck, M.E., & Ngwena, C.G. (2001). Employment equity law. Durban:Butterworths.

Traub, L. (2004). Inappropriate sexual behaviour experienced by South African Speech-Language Therapists and Audiologists (SLP/As) in the workplace. Unpublished undergraduate research project, University of the Witwatersrand, Johannesburg.

Disclaimer: This document serves as a guideline to raise awareness regarding possible contexts in which harassment may occur. It is by no means comprehensive and may not apply in all therapeutic contexts.

Acknowledgements:

Ms J Pahl and Dr B Sonnenburg, Ethics and Standards Committee, SASLHA, 2008