

# Charter of Ethical Practice

This Charter promotes a human rights approach for those working on the issue on FGM/C.\*

It is intended to empower women and community members by providing a guide to practice that is underpinned by the human rights principles of participation, accountability, non-discrimination, respect, empowerment, self-determination and inclusion. This Charter has been developed by community women as part of Human Rights course developed by SWSi Institute of TAFE NSW Granville College Social and Community Services Section for African Women Australia Inc. to articulate a basis for applying standards across all sectors.

- Engage and interact with women in empowering ways.
- Creatively adapt and modify approach in order to work effectively and inclusively with people who have different and diverse cultural identities, values, affiliations, beliefs and customs.
- Understand that the rights of a child are universal and go across cultural considerations. Every child is entitled to protection of the law, regardless of her background. Cultural heritage is important, but it does not take precedence over standards of protection and care of children embodied in human rights and in law. Rights cannot be taken away.
- Be respectful of different positions. Some women express pride in circumcision, giving them a sense of identity and belonging. Others consider the practice a negative experience and a traumatic attack on their body. Determine the terms women use. If women find the term ‘mutilation’ offensive and it is used regardless, it may alienate women. Avoid terms including ‘barbaric’ and ‘brutal’. Use value-neutral terms that include ‘practice’, ‘affected communities’, ‘health implications’.
- Actively and reflectively listen, allow time to see how women feel and respond appropriately. Do not project feelings of disgust, shock, revulsion, horror, anger or pity. These can cause feelings of humiliation and distress. Women must be provided with culturally sensitive, non-judgmental and respectful care.
- Engage in professional development, cultural learning, supervision, critical reflection to develop competencies. Recognise when personal factors or issues impact on practice and seek support and/or professional development. Identify appropriate support and other networks to refer people when professional capabilities are exceeded.
- Understand and respond appropriately to the sexual health needs of women. Be mindful of women’s social contexts and concerns. Apply holistic model of care.
- Encourage women to go to ante-natal care. Build trust and develop a care plan with women early in pregnancy and involve appropriate interpreters as necessary. Identify women who have been cut when they first seek pregnancy care. Do this sensitively and non-judgementally. Use sensitive line of questioning.
- Maintain confidentiality and understand the legal limits to confidentiality.
- Invest in and develop community programs to educate and inform all sections of communities, including men, youth and community leaders about legal and health consequences
- Build community capacities to empower women to speak for themselves and to own the issue. Build and strengthen grassroots programs initiated and run by women.
- Girls have different experiences to women. Girls have a right to advocate for themselves in the context of FGM/C. They should be recognised as having independent voices and be empowered through peer education using human rights education models.
- Practice advocacy that does not drown out the voices of women from affected communities.

\* The World Health Organisation (WHO) defines female genital mutilation (FGM) as: “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. We refer to the practice as FGM/C in response to diverse usage of terms.

