Ethical guidelines for psychological practice with women and girls

1. Introduction

1.1. These *Guidelines* have been developed to ensure *psychologists* are cognisant of the range of ethical issues relevant to the provision of *psychological services* to women and girls, including conducting research. One objective is for *psychologists* to recognise how gender inequality can affect health outcomes for female *clients,* and to ensure that in their practice, where possible, *psychologists* mitigate its effects.

1.2. Gender is used to refer to those characteristics and behaviours of women and men that are regarded as socially constructed or shaped, while 'sex' refers to those that are regarded as more biologically determined (Australian Government Department for Health and Ageing, 2009). For the purposes of these guidelines, sex is understood to be biologically based and gender to be socially defined, and historically and culturally located.

1.3. *Psychologists* providing *psychological services* to women and girls understand the gendered dimensions of health and wellbeing and the influences and implications of social determinants of health. *Psychologists* are sensitive to, and knowledgeable about, individual, group, community and socio-cultural differences and similarities within and across the various contexts of Australian women's and girls' lives.

1.4. *Psychologists* recognise the diversity of women's identities including those associated with socio-economic status, ethnicity, religion, culture, geographic location, and sexual identity, and the ways in which these intersect with gender to shape women's experiences, resources, opportunities and health.

1.5. *Psychologists* are aware that historically some forms of psychological theory, research and practice have relied upon and promoted stereotypes, labels and other forms of gender discrimination which may have led to some female *clients'* experiences being distorted, ignored and/or pathologised (Chesler, 2005; Fine, 2010).

Refer to the APS *Code of Ethics* (2007), standard A.1. Justice.

> A.1.1. *Psychologists* avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law.
>
> A.1.2. *Psychologists* demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, ethnicity, gender, or disability.
>
> A.1.3. *Psychologists* assist their *clients* to address unfair discrimination or prejudice that is directed against the *clients*.

2. Respect, equity and justice

Refer to the *Code*, General Principle A: Respect for the rights and dignity of people and peoples.

> *Psychologists* regard people as intrinsically valuable and respect their rights, including the right to autonomy and justice. *Psychologists* engage in *conduct* which promotes equity and the protection of people's human rights, *legal rights*, and *moral rights*. They respect the dignity of all people and peoples.

Refer to the *Code*, standard A.1. Justice.

> A.1.1. *Psychologists* avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law.

2.1. *Psychologists* recognise a female *client's* right to develop as an autonomous and psychologically healthy person, and seek to foster such development. This includes the *client's* right to make choices about roles and relationships without restriction by cultural bias or unfair discrimination. *Psychologists* seek to understand the life experiences of female *clients* without pathologising their behaviours or experiences, and they are sensitive to the complexities of women's experiences within diverse social and cultural contexts.

2.2. *Psychologists* are aware that interpretations of female *clients'* capabilities, mental health and wellbeing based solely on their biological and reproductive functions, physical appearances, and/or the social roles traditionally ascribed to women and girls are both simplistic and unhelpful.

2.3. *Psychologists* respect the diversity of women's sexual orientations and recognise that sexuality is just one aspect of a person's life.

Refer to *Ethical guidelines for psychological practice with lesbian, gay and bisexual clients* (2010).

Refer to the *Code*, standard A.1. Justice.

> A.1.2. *Psychologists* demonstrate an understanding of the consequences for people of unfair discrimination and stereotyping related to their age, religion, sexuality, ethnicity, gender, or disability.

2.4. *Psychologists* are aware that gender is a determinant of health, and that men and women may have different health requirements, face different challenges in managing their health, and face different barriers in accessing services. In Australia, vulnerability to health inequity is particularly salient for:

- Aboriginal and Torres Strait Islander women;
- immigrant and refugee women;
- women from disadvantaged backgrounds, including women experiencing homelessness;
- women from rural and remote areas; and
- women with a disability, including mental illness.

(Australian Government Department for Health and Ageing, 2009).

Refer to the *Code*, standard A.1. Justice.

> A.1.3. *Psychologists* assist their *clients* to address unfair discrimination or prejudice that is directed against the *clients*.

2.5. *Psychologists* respect and facilitate female *clients'* understanding of, and efforts to overcome, the effects of socio-cultural forces that may contribute to their psychological ill health. This may include supporting a *client's* attempt to address unfair discrimination or prejudice.

Refer to the *Code,* standard A.2. Respect.

> A.2.1. In the course of their *conduct*, *psychologists*:
> (a) communicate respect for other people through their actions and language;
> (b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning;
> (c) respect the *legal rights* and *moral rights* of others; and
> (d) do not denigrate the character of people by engaging in conduct that demeans them as persons, or defames, or harasses them.

2.6. *Psychologists* acknowledge the inherent power differentials between a *client* and a *psychologist*, and the ways in which gender may amplify such differentials.

2.7. *Psychologists* demonstrate respect for female *clients* in face-to-face contact, in written reports, and in discussion with colleagues.

2.8. *Psychologists* use inclusive and respectful language that avoids the use of stereotypes or other forms of bias, such as sexist, sexualised or heterosexist language, jokes and derogatory, demeaning or infantilising terms.

2.9. *Psychologists* do not perpetuate the sexualisation of girls (APA, 2007; APS, 2007) in their language, assumptions and behaviours with female *clients,* or in their research.

Refer to the Preamble of the *Code*.

> ...
> The general principle Propriety, incorporates the principles of beneficence, non-maleficence (including competence) and responsibility to clients, the profession and society.
> ...

2.10. *Psychologists* support policies and structures (organisational, institutional and social) that reduce unfair discrimination against women and girls. (See also the International Union of Psychologists' universal declaration of ethical principles for psychologists, 2008).

3. Self-awareness and professional development

Refer to the *Code*, General Principle B: Propriety.

> *Psychologists* ensure that they are competent to deliver the *psychological services* they provide. They provide *psychological services* to benefit, and not to harm. *Psychologists* seek to protect the interests of the people and peoples with whom they work. The welfare of *clients* and the public, and the standing of the profession, take precedence over a *psychologist's* self-interest.

Refer to the *Code*, standard B.1. Competence.

> B.1.1. *Psychologists* bring and maintain appropriate skills and learning to their areas of professional practice.
>
> B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:
> (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
> ...
>
> B.1.4. *Psychologists* continuously monitor their professional functioning. ...

3.1. *Psychologists* examine their own values when providing *psychological services* to female *clients*, including assessment and research activities. They are also aware of any limitations they may have when working with such *clients*, seeking supervision or making an appropriate referral where necessary.

3.2. *Psychologists* maintain their knowledge base about the impact of gender issues in their field of practice.

3.3 Where relevant, *psychologists* strive to be aware of women's services and support groups, and make such information available to their *clients*.

4. Violence/abuse

Refer to the *Code*, standard B.3. Professional responsibility.

> B.3. *Psychologists* provide *psychological services* in a responsible manner. Having regard to the nature of the *psychological services* they are providing, *psychologists:*
> (a) act with the care and skill expected of a competent psychologist;
> (b) take responsibility for the reasonably foreseeable consequences of their *conduct*;
> (c) take reasonable steps to prevent harm occurring as a result of their *conduct*;
> ...
> (h) regularly review the contractual arrangements with *clients* and, where circumstances change, make relevant modifications as necessary with the informed consent of the *client*.

4.1. *Psychologists* are aware of the extent of harm caused to women and girls by physical and sexual violence, and psychological and emotional abuse.

4.2. *Psychologists* do not attribute blame to victims of sexual harassment, sexual or physical abuse, and other forms of violence.

4.3. *Psychologists* recognise that female *clients*' intimate relationships may involve emotional, sexual, and physical abuse, which can lead to serious harm or death.

4.4. *Psychologists* take *clients*' accounts of violence seriously, reinforcing their *clients*' awareness of their legal rights, referring them to appropriate legal and protective services, and supporting female *clients*' choices while acknowledging financial and socio-cultural constraints.

4.5. *Psychologists* providing *psychological services* to survivors of abuse consider the impact of their own gender and respect their *clients*' choice of the sex of the practitioner. *Psychologists* seek supervision and/or make an appropriate referral where necessary.

5. Assessment and research

Refer to the *Code*, standard B.13. Psychological assessments.

> B.13.2. *Psychologists* specify the purposes and uses of their assessment techniques and clearly indicate the limits of the assessment techniques' applicability.

Refer to the *Code*, standard B.14. Research.

> B.14.1. *Psychologists* comply with codes, statements, guidelines and other directives developed either jointly or independently by the National Health and Medical Research Council (NHMRC), the Australian Research Council, or Universities Australia regarding research with humans and animals applicable at the time *psychologists* conduct their research.

5.1. *Psychologists* are aware of the theoretical and empirical support for assessment, treatment, research, teaching and supervisory practices they use when working with female clients, including the degree to which these have been found to apply to women's experiences. For example, they are aware of any gender bias in the psychological assessment instruments they use.

Refer to *Ethical guidelines for psychological assessment and the use of psychological tests* (2010).

5.2. *Psychologists* take into account the potential discriminatory effects of their choice of research question and focus (Fine, 2010). They do not undertake research that is demeaning or dangerous to women and girls, for example through sexual objectification of women, or by compromising the safety of research participants, or others likely to be affected by the research outcomes (Ellsberg & Heise, 2005).

5.3. *Psychologists* ensure that the collection, classification and analysis of research data are disaggregated where appropriate by sex, socio-economic status, and other social stratifiers, and ensure the data generated from research are analysed using gender-sensitive tools and methods.

5.4. When women are included in clinical trials, researchers consider the impact on women from vulnerable populations. However, these women should not be automatically excluded, because many pressing health concerns involve vulnerable populations of women. Rather, researchers consider how to minimise the intrusiveness of the research.

5.5. *Psychologists* understand the risk of misusing scientific or clinical 'expertise' to further disempower a vulnerable party, particularly in forensic contexts. Where some diagnostic and other descriptive terms (e.g., hysterical, co-dependent) might carry pejorative connotations in relation to female *clients*, *psychologists* take care to prevent such inferences.

6. Integrity

Refer to the *Code,* General Principle C: Integrity.

> *Psychologists* recognise that their knowledge of the discipline of psychology, their professional standing, and the information they gather place them in a position of power and trust. They exercise their power appropriately and honour this position of trust. *Psychologists* keep faith with the nature and intentions of their *professional relationships. Psychologists* act with probity and honesty in their *conduct*.

6.1. *Psychologists* establish, maintain and communicate an understanding of appropriate professional/personal boundaries in their interactions with female *clients,* including students and supervisees.

6.2. *Psychologists* are aware that some female *clients'* experiences may have led them to be either distrustful or overly trustful of those in authority. *Psychologists* negotiate their service contracts with explicit attention to the *client's* expressed needs and preferences, and collaborate with female *clients* regarding the *psychologist/client* relationship, the goals of the *psychological service,* informed consent, timeframe for services and opportunity for feedback.

Refer to *Ethical guidelines for working with young people* (2009).

Refer to the *Code*, standard C.4. Non-Exploitation.

C.4.3. *Psychologists:*
(a) do not engage in sexual activity with a *client* or anybody who is closely related to one of their *clients;*
(b) do not engage in sexual activity with a former *client*, or anybody who is closely related to one of their former *clients,* within two years after terminating the professional relationship with the former *client;*
(c) who wish to engage in sexual activity with former *clients* after a period of two years from the termination of the service, first explore with a senior psychologist the possibility that the former *client* may be vulnerable and at risk of exploitation, and encourage the former *client* to seek independent counselling on the matter; and
(d) do not accept as a *client* a person with whom they have engaged in sexual activity.

6.3. *Psychologists* do not violate professional boundaries with female *clients,* and they recognise that sexual relationships with *clients* exploit a *professional relationship* of trust.

Refer to *Ethical guidelines for managing professional boundaries and multiple relationships* (2008); *Ethical guidelines relating to procedures/assessments that involve psychologist-client physical contact* (2006); and *Ethical guidelines on the prohibition of sexual relationships with clients* (2007).

7. Summary

Psychologists who provide *psychological services* to female *clients* understand the gendered dimensions of health and wellbeing and the influences and implications of social determinants of health. They recognise a female *client's* right to develop as an autonomous and psychologically healthy person, and seek to foster such development. *Psychologists* acknowledge the inherent power differentials between *client* and *psychologist,* and the ways in which gender may amplify such differentials. They are clear about their own values and philosophical underpinnings related to providing *psychological services* to female *clients. Psychologists* acknowledge that sexual harassment, psychological, sexual and physical abuse, and all forms of violence are the responsibility of the perpetrator. The safety of *clients* and *associated parties* is paramount. In their interactions with female *clients,* including students and supervisees, *psychologists* establish, maintain and communicate an understanding of appropriate professional and personal boundaries.

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Revised version approved by the APS Board of Directors, June 2012.