60th ANNUAL NATIONAL CONVENTION OF THE AUSTRALIAN MEDICAL STUDENTS' ASSOCIATION
OPENING SPEECH BY
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GOVERNOR OF TASMANIA
HOTEL GRAND CHANCELLOR, HOBART
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Good morning and thank you for inviting me to open your 60th Annual Convention.

I begin by paying my respects to the traditional and original owners of this land—the Mouheneener people. I acknowledge the contemporary Tasmanian Aboriginal community, who have survived invasion and dispossession, and continue to maintain their identity, culture and Indigenous rights.

As a criminologist the criminal justice and sentencing have been central to my research interests and I have always been interested in vulnerable populations including the socio-economic causes of crime and homelessness; Aboriginal disadvantage; and family and sexual violence, its causes and responses to it, have been a particular focus.

Within the Governor's community role there is some freedom to select and promote social issues providing that this is done in a careful and apolitical way. As Governor, there are a number of issues I have chosen to promote. These include:

- Gender equality;
- Combating gender violence;
- Educational attainment and literacy.

And I am concerned about tackling the problem of obesity and the need to encourage a healthy and active lifestyle. In many ways these issues are related but this morning I will focus on family violence.

I am attempting to promote awareness of the problems of sexual and domestic violence, to link this with gender inequality and to encouraging change in the attitudes and behaviour that underlie gender inequality and gender violence.

In speaking to groups of high school students I speak about the need to cultivate ethical relationships. Relationships that are healthy, equal and respectful. I try to challenge young to confront the sexual double standards that are a consistent feature of contemporary heterosexual and intimate relations.

I illustrate the existence of sexual double standards with the fact that negative terms associated with a male's sexual reputation are far less common than terms for a female's sexual reputation. One count identified 220 words for a sexually promiscuous female and only 20 for a sexually promiscuous male.[1] Interestingly all of the terms for females tend to be derogatory (for example, slut, scrubber, tart) whereas some of the male terms, like 'stallion', 'stud' and 'legend' are complimentary.

In the case of women and girls these terms serve to police and punish the sexual practices of females but there is little evidence that young men use negative terms to similarly police and punish the heterosexual practices of their male peers, other than punishing their absence either in terms of sexual inexperience or homosexuality.[2]

Perhaps the emergence of the term 'male slut' heralds at least a minor shift in the construction and regulation of male sexual reputation and a weakening of the sexual double standard.

It is now widely acknowledged that the key to understanding violence against women lies in gender inequality and gendered roles. Our Watch, an Australian organisation set up to drive cultural change has prepared YouTube clip, called *Let's Change the Story* is useful in highlighting the causes of gender violence and explaining how a lack of respect for women, a failure to regard them as equals, can lead to violence.[3]

The clip starts with the statement that gender inequality contributes to the death of almost one woman every week in Australia; to the fact that 1 in 6 women have experienced physical or sexual violence from a current or former partner; 1 in 4 women has experienced emotional abuse by a current or former partner.

Women in remote Australia are more likely to victims and those in remote areas are more likely to be hospitalised for assaults by a partner.[4]

To explain how gender inequality provides the underlying social conditions for violence against women it tells the story of how a typical girl and a typical boy are brought up: a girl is told she is pretty (rather than clever), that she is asking for it if she wears a short dress. And a boy is told not to be a girl or a sissy if he cries, not

[1] Michael Flood, 'Male and Female Sluts: Shifts and Stabilities in the Regulation of Sexual Relationships among Young Homosexual Men' (2013) in *Australian Feminist Studies* 95 at 105.
[2] Flood, above n 11, 98.
[3] https://www.youtube.com/watch?v=fLUVWZvVZXw accessed 6 July 2019.
[4] Australian Institute of Health and Welfare, *Family, domestic and sexual violence in Australia: continuing the national story 2019*, 10.

to throw like a girl and he learns from an early age that females are not equal to males.

When the girl and boy in the story grow up to be 'regular woman' and 'regular man', they meet, go out and they marry. Despite being equally well educated and both working full time, regular woman receives less pay and so regular man controls the finances because, after all, he earns more. Then she has a baby, and she is told she can't go back to work part-time. Getting back into the work force is difficult because of the lack of flexible work arrangements for women with children.

When they go out to the pub, regular man puts his partner down in front of his friends. His friends say nothing. In the morning he is sorry and blames having had too much alcohol. Regular woman becomes socially isolated and as well as putting her down he starts to hit her. She feels isolated and trapped, unable to escape the relationship and the violence.

The message is that not all disrespect towards women results in violence. But all violence against women starts with disrespectful relationships.

Dentists, obstetricians and gynaecologists, English Language teachers, University Accommodation Providers and University and School safety officers have all heard about gender violence when I have opened their conferences. For example, I addressed the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' Scientific meeting in Launceston, which was also attended by midwives. I was asked to talk about the role of front-line health care services for vulnerable populations. I spoke of how pregnancy and the period following birth are a time of increased vulnerability to spousal violence and of the relationship between pre-natal spousal abuse and post-natal trauma symptoms in a child. I made the suggestion that public hospitals in particular consider using a family violence screening device and perhaps routine screening together with introducing training for such screening.

A couple of months later, when we visited the Launceston General Hospital I heard that the midwives were looking into using a family violence screening tool after hearing my presentation to the College of Obstetricians and Gynaecologists.

Of course, family violence is not just relevant to obstetricians, gynaecologists and midwives. It is very relevant to general practitioners and emergency doctors and nurses.

It is estimated that in Australia each week, a general practitioner sees up to five abused women who present with symptoms of family violence.[5] Family violence is a broad term and it includes physical violence, sexual violence, psychological and

[5] Kelsey Hegarty, 'Acting on family violence: how the health system can step up', The Conversation.

emotional abuse (such as financial exploitation and social isolation) and it includes intimate partner violence as well as other family violence.[6]

Some victims of intimate partner violence present with depression, anxiety and long-term headaches. It may be associated with long-term drug and alcohol abuse. For others, the stress of abuse can lead to premature labour or even miscarriage. Doctors treat the symptoms and often don't ask about the cause, and women usually don't disclose that they are victims.[7] The barriers to disclosure to professionals include shame, worries about confidentiality, fear of reprisal from her partner and concerns about being judged or disbelieved. Even so, health professionals are the professionals most often told about family violence, even more than the police. [in the most recent ABS victim survey, of those who reported experiencing physical assault, only 52% reported the most recent incident to the police, in the case of sexual assault, it was 20%].[8]

Whether or not doctors should use routine screening has been debated. The World Health Organisation has rejected this unless the woman is pregnant.[9] Instead it is suggested that health professionals be trained how to respond appropriately when they suspect family violence and how to respond when it is disclosed.

Professor Kelsey Hegarty argues that for training to be effective, it must be provided as part of university courses and throughout a practitioner's career. She argues that effective training involves role-playing asking and responding with actors, reflections on personal attitudes towards violence against women, hearing survivor stories and reviewing patient files.[10]

A review of Intimate Partner Violence education in Australian medical schools in 2015 found that while many delivered some form of IPV education, it was very limited and only two offered a comprehensive curriculum using an integrated, advocacy-based approach.[11]

Things may well have changed since 2015, and it is my hope that it has. If you have not been exposed to comprehensive training on family violence, there are excellent

[6] For a recent discussion of terminology, see Australian Institute of Health and Welfare, Family, domestic and sexual violence in Australia: continuing the national story 2019, 1-2.
[7] Hegarty, n 4.
[8] Australian Bureau of Statistics, *Crime Victimisation 2017-2018*, Cat no 4530.0, released 13/02/2019.
[9] Hegarty, n 5.
[10] Hegarty, n 5; see also Kelsey Hegarty, 'The GP's role in assisting family violence victims' Clinical Focus, 12th February 2019, https://www.ausdoc.com.au/therapy-update/gps-role-assisting-family-violence-victims, accessed 6 July 2019.
[11] J Valpied et l, 'Are future doctors taught to respond to Intimate Partner Violence? A study of Australian medical schools' (2017) 32 (16) *Journal of Interpersonal Violence*, 2419-2432.

online materials available for health practitioners[12] and I can also recommend the Our Watch website I referred to earlier which focuses on primary prevention.
As well as responding to the issue of family violence when a patient presents as a possible victim, I encourage you all to be advocates for change that promotes a violence-free society including by reinforcing the right to healthy and respectful relationships.

On that note, I declare your conference open.

Thank you.

[12] For example the Melbourne University e-learning course available at: https://mdhs-study.unimelb.edu.au/short-courses/mms-short-courses/identifying-and-responding-to-domestic-and-family-violence/overview