Address to *Love Hurts* Conference
At Kwantlen College, Surrey Campus
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By
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Thank you for that kind introduction. I must thank the Minister of Health, The Honourable Dr. Margaret MacDiarmid for connecting me with Dr. Balbir Gurm or I would not be standing here today. With all the work Dr. Gurm has been doing, she has had trouble getting physician involvement, yet as physicians we are so intimately involved with violence against women and desperately want to be a part of the team. Just four days from now, I shall be participating on the Canadian delegation to the United Nations (UN) for the Commission on the Status of Women (CSW) and the theme is The Elimination and Prevention of All Forms of Violence Against Women and Girls.

I am not an expert on violence against women, but rather a full-service family doctor who has seen violence as part of my everyday practice. Beyond the day to day routine of the office, I have been involved with the Federation of Medical Women of Canada and the Medical Women's International Association since I was a resident. These organizations have as part of their mandate, advocacy for women's health. What takes more away from the good physical and mental health of a woman than violence! I also this year have the honour of being President of the British Columbia Medical Association, which allows doors to open so that my voice can be heard.

Let me begin my remarks with two patients and their story of gender based violence:

Carol was a general practitioner and her husband, Bob, was a general surgeon. They met in medical school and were married in first year of residency. They are both in practice and have 2 children ages 5 and 7. Carol makes no end of compromises to her practice to allow Bob to work as a surgeon. She runs the kids to school, lessons, helps with homework and this all cuts into her working time. Meanwhile, things are not going so well with Bob, who has been sued for malpractice and has taken to drinking. One night when Carol confronts him about his drinking, he hits her and blackens her eye. The next day at the office, she says that she ran into the door. Things worsen and they go to counselling, but the counsellor is intimidated with two doctors and nothing is resolved. Carol tells Bob she is going to leave and take the children. Bob's court case comes back and he is found guilty. His reputation is tarnished, his wife and kids are leaving him and his life is ruined. He hears Carol coming home from swimming lessons with the kids, and when they come in from the garage, he takes his hunting rifle, shoots them and turns the gun on himself.

Mary is a 28 year old woman, whose mother was a drug addict who had a variety of men in her life, many of whom abused Mary. Mary did poorly at school and by the time she was in high school was running with the wrong crowd and using drugs herself. At age 14, she moved in with Tom who was 23, and showed her special attention. Tom himself

had been thrown out of his home at 14 by an abusive father and spent most of his teenage years in detention centres as a result of petty crimes.

The relationship between Mary and Tom developed a certain pattern—drinking for days at a time, arguing, which would escalate to the point of physical and verbal abuse. Mary was often badly beaten by Tom and became frightened of him. He would tell her to 'get out' but the idea of being on her own frightened her even more.

After a number of abortions, Mary had Katy, their first child. Tom had been even more violent during the pregnancy. Mary was very depressed after the birth. She hoped 'that things would improve' now that they had a child, but the drinking and violence and verbal abuse continued. She found herself pregnant again and was now so depressed that she thought about suicide. Mary was afraid to leave and was always afraid that Tom would eventually kill her or the children or himself – or all of them. She went to many doctors about her depression and was prescribed numerous antidepressants, with little help. She never told anyone about the abuse to which she was subjected. She felt that she deserved the beatings, as Tom had told her so often that she was worthless and nobody else would have her, that she now believed this herself.

There was yet another fight and Mary tried to lock Tom out of the house but he banged on the door and woke the neighbourhood. Katy woke up crying and afraid that her father would come into the house. Katy then told her mother that Tom had sexually abused her on a number of occasions. Shocked by Katy's disclosure, Mary then made a very serious attempt to kill herself and her two children.

Mary was charged with the attempted manslaughter of her children and they were removed from her care and placed with Tom and his mother.

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Violence against women and girls is global. It takes on a local perspective according to the cultural, political and economic circumstances.

The UN recognized that women were disadvantaged and started to make changes with a UN Decade for Women from 1976 to 1985. There were three world conferences for women during this time—Mexico, Copenhagen and Nairobi—but it is the Beijing conference in 1995 that is best remembered. Like its counterpart, the International Conference on Population and Development in Cairo in 1994, the Beijing Platform of Action called for gender equality and the empowerment of women. More recently, the Millennium Development Goals (MDG's) continue to call for gender equality and empowering women under MDG 3.

So what is holding women back? In the health field, we talk of including gender in our policies. To clarify, sex is being male or female. When talking of gender, there are three components: the obvious biological differences, but just as importantly, two other variables can either promote or impede health and they are the social and cultural factors

and the power relations between men and women. Take the example of a woman wishing to speak out about female genital mutilation. She is taking on the male guardians of culture and faith and risks further harm and ostracism. Reporting abuse to the police in many cultures is up against unequal power relations and women often do not have the financial resources to work their way through the legal system. The political and economic roadblocks are daunting.

There needs to be a whole team of professionals and volunteers trying to solve the problem of violence against women.

As doctors, we want to be part of that team.

Our role can vary from the acute to the chronic, from the physical to the psychological. An example of an acute intervention is the victim who has been raped who needs to have a complete examination with appropriate specimens taken for later use as evidence. Other acute interventions could be taking care of the fracture, sewing up the lacerations, stopping the internal haemorrhaging.

Just as important as the acute interventions, is the care of the chronically abused patient. We are often the confidant of those being abused, should they be bold enough to bare their soul. Often as not, they present to the office with many physical ailments, keeping their abuse a secret and hoping the health care professional will clue into their abuse.

We can advise them of the dangers of returning over and over again to an abusive relationship but without you, the other members of the team, where do they go after the initial trip to the transition house with no education, no job and no money. They go right back to where they can have the economic ability to live.

For those who do make the successful transition out of an abusive relationship, doctors must not forget that they often have psychological damage related to repeated traumas and we must used a trauma informed approach to their care. To use the title of the book written by the Australian Federation of Medical Women, we want them to be healthy, happy women, not just survivors.

In the medical field there has been a lot of attention paid to the international social determinants of health. These include such things as living conditions, education, access to food, how you access your health system and only one of these 11 determinants is related to biology. Gender cross cuts all these determinants. What do I mean by that? Take the example of poverty. If you are a man and poor you are still better off than being a woman and poor. These social determinants are front and centre when it comes to gender based violence.

Outsiders cannot empower women—only women can empower themselves to make choices or speak on their own behalf. But institutions can support processes that increase women's self-confidence, develop their self-reliance, and help them set their own agendas.

Dr. Gro Harlem Brundtland, former director general of WHO, said that no country treats their women the same way they treat their men. She went onto say, only through firm political commitment, better information, legislation and the redirection of resources can women gain control of their own lives. Only then will women achieve a life of respect, quality, and equality.

And this workshop today offers women the opportunity to do just that—become empowered, stand up for their rights and let violence against women become a thing of the past. I wish you a successful workshop with positive outcomes and a step forward in eliminating and preventing all forms of violence against women and girls.

Websites: Medical Women's International Association www.mwia.net for the Manual on Gender Mainstreaming in Health

Next Generation University www.nextgenu.org for on-line training manual for health professionals for gender based violence (soon to be available)