

Victorian Medical Women's Society Newsletter

Founded 1896

Celebrating our history, advancing our future

Dec 2017/Jan 2018

afmw.org/vic

Volume 15 Issue 5

President's Report

Dr Magdalena Simonis

Welcome back from holidays and the festivities of the season. As 2017 has come to a close, we have conscientiously progressed our cause for medical women within the profession who seek to have a family, nurse their infants and continue navigating through their career path.

Currently, there are few supports for parents studying at universities and there is little financial assistance from government for studying parents. We hope to make a difference to this by drawing attention to the basic needs of parents who are students and will keep you informed of any progress and responses received from government and teaching institutions.

Our friends at Women's Health Victoria hosted a very important seminar on December 5th entitled 'Making Space for Women forum', addressing sexist advertising. It was free to attend and emphasised the significance of not tolerating sexist advertising, as this leads to women being devalued. We will keep you informed of events such as these, which are closely related to our VMWS mission.

On the IT front, we look forward to introducing our new, more functional website in the near future and this is being worked on in conjunction with the AFMW team. This will enable more streamlined membership renewals and RSVP/payments for events. It will also host our activities, key events and archived photos. If any of you have interesting VMWS photos, please feel free to submit them to our archivist Anne Stanaway.

The new year brings with it a new cohort of graduates who will be starting their internships; we congratulate them on their achievement and look forward to hearing from them and having them on board. Our CV writing/interview skills session, will be held in March 2018 and is always a terrific time to meet new graduates. It is at this session that many will become enthusiastic student members, bringing with them talents and a willingness to learn about committee responsibilities.

Finally, our hearty congratulations are extended to Deb Colville who has now taken on the role of AFMW president. We wish her well for the next triennium and are excited by the opportunity to work closely with AFMW.

Here's to a successful, happy 2018.



In this issue:

- Page 2:** VMWS Committee list
- Page 3:** COCO event report
- Page 4:** Article: *Stop asking me, "What about men?"*
- Page 5:** Article: Speculum redesign?
- Page 12:** Membership Form

Upcoming Meetings and Events

- | | |
|--------------------------------|---|
| Monday 5 th Feb | VMWS Committee Meeting |
| Saturday 3 rd Feb | Medical Women's Walking Tour of Melbourne (see ad p8) |
| Thursday 8 th March | Medical Women's Cemetery Tour (see ad p11) |
| Tuesday 20 th March | "How We Do What We Do" |

VMWS Committee 2017/18

President	Dr Magdalena Simonis	
Vice-President	Dr Kasia Michala, Dr Desiree Yap	
Secretary	Dr Elysia Robb, Dr Anne Stanaway	
Treasurer	Dr Rosalie Cooper	
Shadow Treasurer	Ms Sue Sritharan, Dr Irene Bryan	
Public Officer	Dr Kate Duncan	
Immediate Past President	A/Prof Deb Colville	
Newsletter Editor/Social Media Officer	Dr Kelly Hughes, Dr Claire Felmingham	
Assistant Newsletter Editor	Dr Annie Rose	
Sponsorship Officer/Student Coordinator	Dr Elysia Robb	
Social Secretaries	Dr Sally Gordon, Dr Natalie Yap, Dr Adele Storch, Dr Jordan Cory	
Senior Members' Representative	Dr Rosalind Terry	
AMA Representative	Dr Rosalind Terry	
Representatives on AFMW Council	A/Prof Jan Coles (Vic)	Dr Kate Duncan (Tas)
	Dr Natalie Yap (Tas)	Dr Desiree Yap (Vic)
IT/Publicity Officer	Dr Michelle Li	
Shadow IT Officer	Dr Hui Ling Yeoh	
Archivist	Dr Anne Stanaway	
	Shadow: Dr Rosalie Cooper	
Student Representative – Monash University	Ms Lydia Di Stefano	Ms Shiva Sridha
	Ms Rhea Navani	Ms Anna Mitchell
	Ms Elena Marini	
Student Representative -Deakin University	Ms Laura Tate	Ms Laura Constable
Student Representative – Notre Dame University	Ms Sarah Lorgier	
Student Representative – The University of Melbourne	Ms Tehreem Rawal	



VMWS Connect Over Coffee Bushwalk on November 18th, 2018

Dr Anne Stanaway, VMWS Archivist and co-Secretary

We had the VMWS Connect-Over-Coffee (COCO) bushwalk on November 18th at the Dandenong Ranges. The weather was absolutely perfect and it was a great chance to catch up and share stories, moral support and advice. I recently had a challenging clinical situation which raised some self-doubt in my skills as a junior doctor. It was really helpful to discuss this with those who attended the walk, especially senior clinicians, and hear of examples where they too have faced uncertainty, made mistakes and learnt from their experiences. Although we were walking uphill most of the time, with Ros setting a cracking pace, there was enough puff for continuous conversation and laughs about our non-medical lives and holidays. Looking forward to the next bushwalk - stay tuned for one early next year!



In photo - Dr Rosalind Terry , Dr Ailsa Walbran



Time for a new car?



Kaine Ransom has helped hundreds of Australian's busiest medical specialists **save thousands** on their new car purchases

- ✓ Any vehicle of your choice
- ✓ All the searching, negotiation and paperwork handled for you
- ✓ The best price, guaranteed.

"I bought my first car with Kaine in 2000. I valued his unbiased advice regarding the various makes and models. He immediately understood my interest in more than just the colour of my car! He has been a pleasure to deal with over subsequent vehicles and whenever I have checked his prices are competitive, have no hesitation in recommending him to friends and family." **Dr Desiree Yap**

"My family has purchased several new cars using Kaine's service. It has been quick and painless with no nonsense guidance." **Dr Emily Olive**

SAVING YOU TIME | SAVING YOU MONEY | SERVICE YOU CAN TRUST

AUTO BROKERS
Automotive Vehicle Brokers Australia

Call Kaine on **0418 597 800**
or visit **autobrokersaustralia.com** for more info.

Copyright 2016 Automotive Vehicle Brokers Australia. LMCT 11209.

Stop asking me, 'What about men?'

Jessica Eaton, doctoral researcher in forensic psychology

From

<https://victimfocus.wordpress.com/2018/01/03/stop-asking-me-what-about-men/>

Everyone who follows my blog knows that my best work is written in rage, or port. But Christmas has gone now so no more port. Well, at least I still have rage. So back to that.

Recently I have been getting increasingly frustrated with 'whataboutery' every single time I write or speak about women or girls. For those of you who don't know what that word means, 'whataboutery' is when someone responds to a difficult issue or question with a counter issue or question that completely derails the conversation.

Example:

Mai: My research focussed on the murder of women in Yemen

Randomer: uh, this is a bit sexist. What about the murder of men in Yemen? Don't you care about men?

Example 2:

Pam: I'm really upset with you for stealing from my purse

Mel: What about that time you stole from the local shop? You're not innocent either, you know!

Pam: I was nine. (Haha)

Familiar with that? Yep? Thought you might be. Sometimes reminds me of gaslighting. Okay, so back to the rage. Rage that I need to put in context for this blog to make a jot of sense. Almost 5 years ago, my father-in-law died after we had tried everything to help him and begged every agency and service for help. We got the dreaded phone call from police to say they had found a body. It was his. We had to go and identify him. He was a very vulnerable adult struggling with addiction, homelessness and a very complicated trauma history.

At his wake, my husband and I decided to set up a charity for male mental health and well-being and we named it 'The Eaton Foundation' (TEF). (Someone once laughed at me, 'Bit narcissistic of you isn't it, naming a foundation after yourself?' and then went every shade of red whilst I told them it was my late father-in-law's name.)

So in 2013 we founded the charity, of which I am still the chairperson. The charity only supports adult men. We grew exponentially. I mean – from like ten men to 150 men in one year. In the second year of operation I managed to secure over £270k of funding and funded the renovation of a huge old derelict building which we turned into the first male mental health and well-being centre in the UK.

My husband runs it on the day-to-day, along with his staff and volunteers. We now employ six people and have a further nine volunteers. We see hundreds of men a year who benefit from completely free, lifelong support, including counselling, benefits advice, food parcels, housing advocacy, legal advice, IT suite, music and band practice, employment clubs and training courses, fitness clubs, art therapy and so on. Some guys have been coming every day for years. Our clientele is between 18 and 85 years old, from every walk of life you can imagine.

Why am I telling you this?

Because in those 5 years, I have NEVER received the amount of abuse and ‘whataboutery’ that I get for my work and research with women and girls. Most of you know me for my work with women and girls and my controversial tumble into CSE [childhood sexual exploitation]. My PhD focuses on the victim blaming of women and girls in society which includes one of the largest ever literature reviews of every factor in society that supports victim blaming of women and girls (I do mean every factor I could find evidence for – from porn to Hinduism).

I have a career history in rape centre management and criminal justice management of vulnerable and intimidated witness programmes, which is where I built my experience and knowledge of sexual violence, homicides, trafficking and other serious crimes across my courts. I launched a study last year, exploring the many different forms of victim blaming women and girls can experience. Over 700 people responded. My other recent studies have included interviewing women who have been blamed for rape and abuse, interviewing therapists and support workers who work with women who blame themselves for being abused or attacked and a complex study in which I developed and validated a new psychometric measure of victim blaming of women.

I honestly cannot express how much whataboutery I get.

Here are some real examples:

‘Don’t you think you’re being sexist by only writing about women in this article?’

‘This article is good but where are your studies on men?’

‘I don’t condone murder, but don’t you think you are gender biased, only caring about the murders of women?’

‘You can tell the psychologist who wrote this study is a sexist bitch who hates men’

‘This study was ridiculous. All you care about is women! What about men?’

‘You should have your PhD removed. This is so sexist. None of your research is about men.’

‘By only caring about women, you basically say that all men are rapists.’

‘This is great Jessica! But I wonder if you can now build one of these for boys and men and why they aren’t included in the first place?’

'Why do you only focus on women? Men can get abused as well, you know!'

'What about men, ****?'

Honestly, I could go on forever and ever.

In fact, I did one study where there was a free text question at the end and a whopping 9% of respondents chose to use that box to criticise me for not researching men. I say whopping because the free text box didn't even ask them a question about that and 63 people still managed to use the box to whack in some 'whataboutery'. Not only that but a further 14% (over 90 people) left comments that were just plain nasty or abusive. One guy told me that my work was **** and he hopes I fail my PhD. And then left his full name and job title. He was an academic at a university. In my field. He even put some kisses on.

And what perplexes me about all of this, is that I have no such experiences of running TEF.

I can't tell you about the hundreds of messages or tweets we get asking 'what about women?' – because it's never happened. I don't have any stories about the times we got sent a tonne of abuse when we conducted research with general public in the community about male mental health stigma – because it's never happened. I can switch over to the TEF Twitter account right now and write literally anything about men and nothing bad will ever happen. Our Facebook page has thousands of followers and we never get threats, abuse or whataboutery.

Fair enough, my Twitter is currently at about 4.5k followers but my teeny tiny Facebook page is only on a few hundred followers and I get between 10-20 abusive messages and comments a week – almost exclusively comments about me focusing on women and girls – which usually results in me being called a 'fat, ugly feminist ****' or something along those eloquent lines.

Recently this has all caused me to reflect: why don't I get any abuse when I speak and write about men and boys? Why am I hailed? Why did we win 6 charity awards and over £300k in the first 18 months of operation? Why did I end up on every TV channel and radio in the UK? Why can I launch studies and campaigns and videos and appeals for TEF about male mental health and receive ZERO whataboutery comments?

And why do I get shouted down if I even dare post one tweet about violence against women or rape statistics or murders of women by partners? Why do I get hundreds of messages and tweets every week asking me, 'But what about men?'

And actually, this isn't rocket science. This is uncomfortable but it's real talk:

Women are socialised into their gender roles (gender roles are harmful, narrow, stereotypical characteristics and expectations assigned to males and females to conform to a societal norm) to not even possess a shred of the sense of entitlement that men have. Women do not read a campaign about male mental health or male abuse or male cancers and furiously tweet back 'what about women, you ****?!' because they didn't think about themselves when they read it. They didn't see the campaign as two fingers up to women.

A perfect example: Movember. Have you EVER in your life seen women kicking off that Movember is sexist? Or that the campaign should include women? Or that focusing on testicular cancer is exclusionary? No. Have you ****.

A second perfect example: male suicide rates. We know that the leading cause of death in young men aged 18-35 is suicide. This is the strongest symptom of a patriarchal society where emotionless males struggle to

cope with trauma and feelings, can't open up, don't feel safe to talk and become completely overwhelmed by emotions they are taught are 'feminine', which further induces shame and stigma. In all my years I have never seen women jump on those campaigns yelling 'women commit suicide too, you know!!' Or 'what about women?'

Switch it over. Women's marches. Pussy hats. IWD. Counting dead women. Violence against women and girls strategies. Women's health screening. Women's reproductive health. Women's mental health. Rape campaigns. #metoo.

There is ALWAYS someone saying, "what about men, though?" under all of those issues. It's as sure as taxes and death. Like a depressing new catchphrase nobody wants:

'There's only three things you can be certain of in life: taxes, death and some randomer yelling 'what about men?' every time you talk about women's issues.'

'Whataboutery' comes from a place of misogyny. An arrogant, derailing technique used to respond to a campaign, video, research study, intervention, organisation or communication that screams 'I don't care about women, talk about men!!' And the proof is in the pudding for me. Because when I do all those things with a focus on boys and men, I'm a ****ing hero. But when I do all of those things and focus on girls and women, I'm a fat, ugly feminist ****.

So I need to explain something else. This is not about equality. 'Whataboutery' has nothing to do with equality. It's not about reminding us that men suffer too. Social issues aren't equal.

When I write a tweet about women being murdered or raped, I didn't forget men. I didn't forget they could be murdered or raped. I didn't accidentally miss them off my tweet. I simply CHOSE to talk about the experiences of females. It is not helpful, or clever, or promoting 'equality' to write to a researcher specialising in women's studies and tell her in three paragraphs why she should focus on men. It is not useful to 'send a gentle reminder than men can get raped too, you know'. If you're reading this and you know you have done this to someone, please think twice before doing it again. It's not helpful. It's derailing.

We do not need to centre men in every conversation we have. Women and girls are valid entities, independent from men. We need to get to a point where we can talk about women's issues and get the same level of respect we get when we talk about men's issues. Until then, your 'whataboutery' is unwelcome here.



The Victorian Medical Women's Society invites you to...



Follow in the footsteps of our trail blazing medical women of the past on the

Medical Women's Walking Tour of Melbourne

2hrs 5km easy walking, visiting sites significant in the history of women in medicine

Saturday 3rd February 11am start
Parliament House Steps (top of Bourke St)

RSVP Anne Stanaway 0431 663 467 annemstanaway@gmail.com

Women behind speculum redesign say we need gynaecological tools designed by people with vaginas

Claire Breen, October 12, 2017. From <https://thelily.com/women-behind-speculum-redesign-say-we-need-gynaecological-tools-designed-by-people-with-vaginas-cb3604714006>

J. Marion Sims has been known as the “father of gynaecology” for centuries. Now, four San Francisco-based designers are hoping to change that.

About a year ago, Hailey Stewart went for a pelvic examination. A few days later, her co-worker Sahana Kumar had a pelvic examination. And while this routine exam that affects half the population is not openly talked about a whole lot, Stewart had such an uncomfortable experience that she decided to bring it up with Kumar that week.

Everything from the crinkly paper gown she wore to the insertion of a cold, loud, metal vaginal speculum made Stewart uneasy, and Kumar felt the same way about her exam.

Both Stewart and Kumar had just wrapped up client projects at their company, frog design, and they had a few weeks before they both began their next client project. So, Stewart, an industrial designer, and Kumar, an experience designer, teamed up to see if other women felt as strongly as they did that the pelvic exam needed a redesign.

After conducting a mini-research project, in which they interviewed both patients and providers of pelvic exams about their experiences, Stewart and Kumar found that almost everyone felt the same way they did about pelvic exams: anxious. And especially anxious about the vaginal speculum.

Stewart and Kumar shared their findings with co-workers Rachel Hobart, a visual designer, and Fran Wang, a mechanical engineer. Together, Stewart, Kumar, Hobart and Wang named their project “Yona”, which Hobart says is a combination of “yonic” and “vagina,” and the four of them started working on it in their free time.

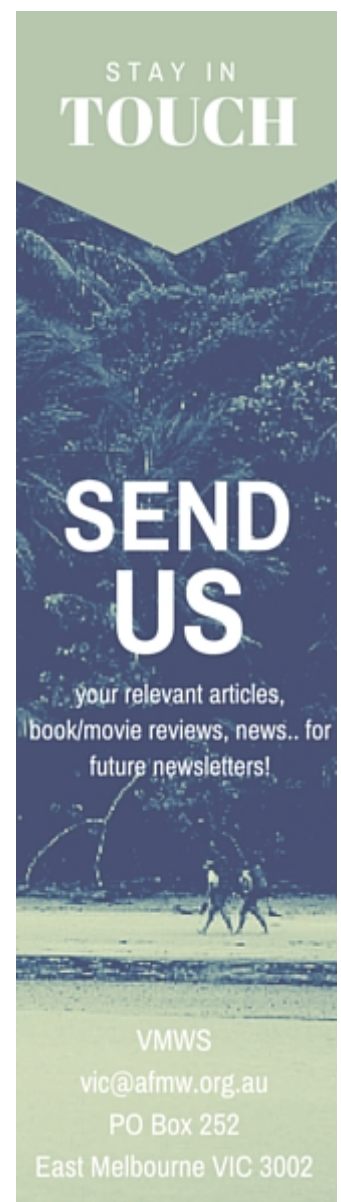
The more they researched, the more [they became] “egregiously shocked and angered at the incredibly dark history behind [the speculum] that none of us knew about,” Wang says. The dark history that Wang is referring to is largely tied to Sims.

Sims is credited for inventing the design of the speculum in the mid-19th century. His practices, however, raised disturbing ethical questions. He’s said to have performed gynaecological procedures on enslaved black women without anaesthesia or their consent. Despite his concerning legacy, his speculum design has largely been unchanged. “It’s really just abominable that it’s still being used in exam rooms today,” Kumar says.

Wang and the rest of the Yona team came up with a speculum redesign that would be more user and patient friendly. One of the biggest differences is the auditory experience. The speculum that’s used in most exam rooms is two-billed and metal, meaning that when it’s opened for size, it often makes a ratcheting noise. The new speculum is covered in surgical silicone, and instead of a two-billed device, has three leaves that would gently open, with no audible ratcheting.

The Yona team isn’t the first to think of redesigning the speculum. Other companies like FemSuite and Doctors Research Group Inc. have redesigned the speculum, but their designs never went anywhere, reportedly due to unwillingness of doctors to adopt new practices.

Though Kumar knows the medical industry is a hard one to disrupt, she argues that Yona’s redesign is really not asking doctors to adopt new practices, rather to improve existing ones. Yona’s speculum redesign is still in the prototype phase, and hasn’t been implemented in exam rooms yet, but they’ve received



encouraging feedback from the reproductive health community.

Lisa Jongewaard, the lead clinician for the San Francisco Planned Parenthood clinic, says that when the Yona team showed her a prototype of the new speculum she was ecstatic. Not only is it more patient-friendly, but Jongewaard says that there are a lot of benefits for the health provider as well. In her daily practice, she says that there is a certain way she has to hold the speculum in order not to pinch the patient's labia. After experimenting with Yona's speculum prototype though, Jongewaard thinks it would be almost impossible to pinch a patient's labia.

“Having that as part of the design going into the pelvic exam — thinking of a woman's comfort — is pretty novel and wonderful that we're finally looking at that,” Jongewaard says. “It's super exciting to see young women who are just passionate about women's health and reproductive health.”

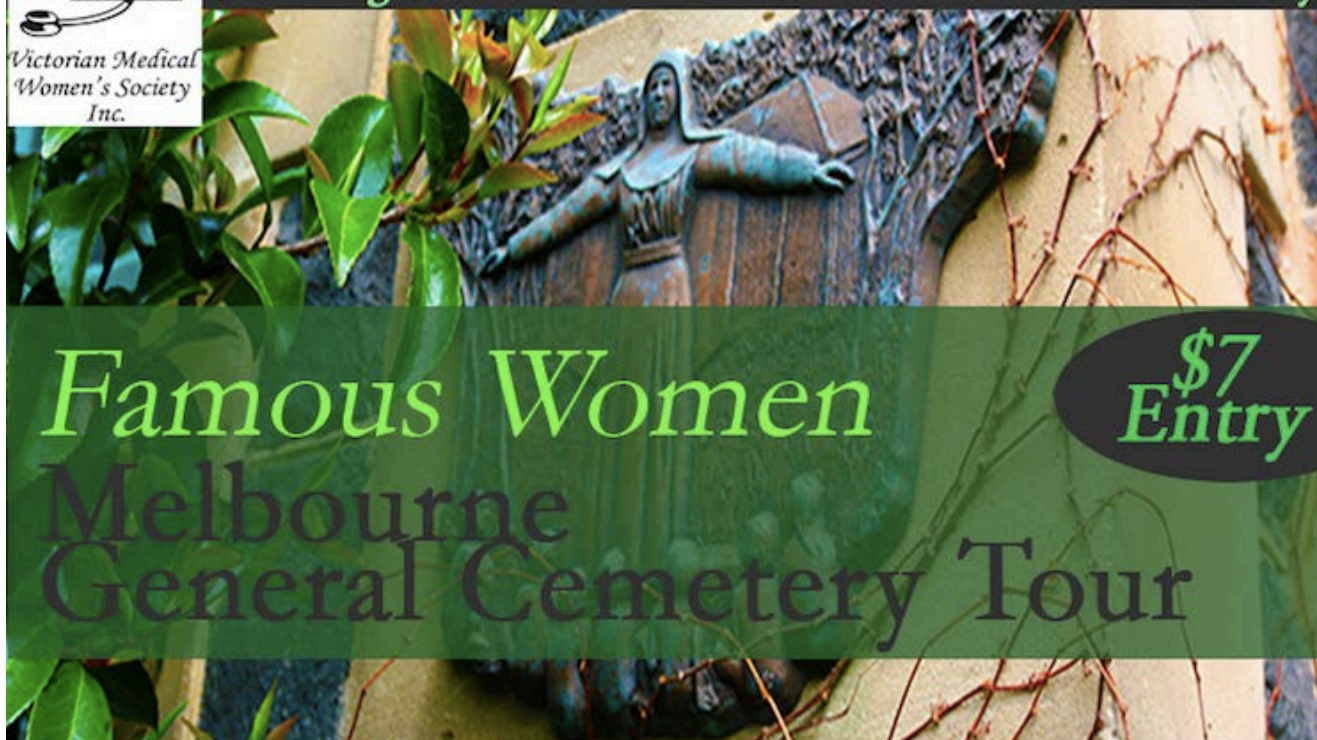
While Yona remains very much a passion project — Kumar, Stewart, Hobart, and Wang work on it evenings and weekends — they envision a future in which gynaecology doesn't have a “father” anymore. Instead, gynaecological tools and practices will be designed by, and for, people that actually have vaginas.



Special offer to VMWS members! Receive earlybird registration rates when you register now!



Join The Victorian Medical Women's Society on a
90 min guided tour of the Melbourne General Cemetery



Famous Women Melbourne General Cemetery Tour

**\$7
Entry**

Thursday 8th March 1:50pm

Historic Gate Lodge (inside main entrance, College Cr Parkville)

RSVP via Eventbrite

Enquiries Dr Celestina Sagazio *Historian, Southern Metropolitan Cemeteries Trust*
celestina.sagazio@smct.org.au

Note to existing members

You will soon receive an automated subscription notification for financial year 2017-2018. If concerned, please contact our Secretariat: vic@afmw.org.au



Victorian Medical Women's Society Inc.

Membership Invoice 1 July 2017 – 30 June 2018

ABN 67 120 250 797 - Inc A0061580B

(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30TH JUNE)

Membership Eligibility: Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an Associate member, and Student membership is open to female medical students.

(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)

ANNUAL RATES ONLY

Full	Rural	Senior/Retired	Post-graduate Years 1-2	Associate	Student
200	>100km from GPO 100	> 65 years 150	110	6 months 60	45

Donation: \$ _____ Please advise if you wish your donation to be used for a specific purpose

Please complete and send this section of the form to VMWS Inc. via email or mail.

1. PLEASE TICK WHICH TYPE OF APPLICATION YOU WISH TO REQUEST:

- I am applying for new membership. Please complete the Membership Declaration and make payment.
- I am changing my membership category. Please complete Membership Declaration and make payment
- I am renewing my membership. Only renewal payment is required.

2. MEMBERSHIP DECLARATION:

I wish to become a member of Victorian Medical Women's Society Inc., and will support the purposes of the Association and agree to comply with the Rules of the Association www.afmw.org.au/vic/vmws-membership

Signature: _____ Date: _____

3. MEMBERSHIP DETAILS

Membership Type: _____ Duration: One year

Title, First Name & Surname: _____

Alternative Surname (if applicable): _____

Postal Address: _____

Phone/Mobile: _____ Date of Birth: _____

Email for VMWS/AFMW: _____ Date PG year/s: _____

Email for MWIA: as above; or alternate email: _____

Specialty/Area of Practice: _____ Year of Graduation: _____

Car-pooling: Potential driver: Potential passenger:

NOTE: When you join VMWS you get 3 memberships for the price of one! Australian Federation of Medical Women (AFMW) and Medical Women's International Association (MWIA). You will automatically be subscribed to all three lists and your email address may be shared with AFMW members.

Refer to www.afmw.org.au/vic for our privacy policy.

4. Membership Payment Method and Amount (Please indicate ✓)

- EFT to VMWS; BSB: 033 089; Act No: 297664. Include your professional name (as above).
- Credit Card/PayPal: Logon to <https://www.afmw.org.au/vic> use the DONATE button, choose Pay with a card or use your account.
- Cheque: VMWS Secretariat, PO Box 252, East Melbourne, VIC 8002 Contact Email: <mailto:vic@afmw.org.au>
- Member Pro Subscription Website available soon.

Date Payment made...../...../2017-18 Amount paid \$.....

Office use only: EFT/PayPal/Chq/MPro: \$ _____ email list database receipt notification
REV: RMC/wr.11.Jan2018