A LETTER FROM

SYDNEY, AUSTRALIA

Women's struggle in the Beautiful Game

— Written by Moya Dodd, Australia

Among the many changes we have seen in football, there is one big structural shift that is unlikely to be reversed: the increasing presence of women.

It was almost a century ago that the English FA took the disastrous decision to ban women from playing the game — informed in no small measure by the doctors of the day, who declared that football was too rough and dangerous for the female body. It was an abrupt end to what must have been a delicious adventure during and after the First World War, when men’s football was suspended and women took centre stage, attracting crowds in tens of thousands, and retained their popular appeal even after the men returned.

Imagine the despair they must have felt when progress was painfully halted in 1921 by the FA’s chilling words: “the game of football is quite unsuitable for females”. The ban was left in place until the 1970s.

As Britain exported football to the world, women were left behind. While we now marvel at newly converted crowds attending women’s matches — like the 45,321 fans who turned up in Venezuela to watch their U17 team play in the CONMEBOL championship final last year — let’s remember that it’s taken almost 100 years to get back to where we were in 1921 when the FA ban struck.

After decades on the fringes, women were finally given a recognised international competition in 1988, when FIFA held its first ever women’s tournament. I had the pleasure of playing in it. We were excited beyond words, believing that if we put on a good show, FIFA would create a permanent Women’s World Cup — which they did in 1991. The International Olympic Committee followed by adding women’s football to the Olympic roster in 1996.

As players, we entered a sporting world that was almost exclusively male. Virtually all the authority figures on or off the field; coaches, referees, administrators, the media and committee members were all male. Our story of progress is also a story of challenging the entrenched mindset that football is a man’s game.

My own experience of this, as an Australian international in the 1980s and 1990s included: paying to play for my country and to attend training camps, sewing the national crest onto my own tracksuit, being ridiculed on the field, and doing club training with car headlights because the field lights went off too early. Once, we even trained in a car park with the national team.

We were outsiders, desperate to play but with a limited platform to exercise our skills. We were impatient with the rate of growth in the women’s game, leading many of us to get involved with administering the sport. I became the Publicity Officer for my state football association when I was still a teenager. I’d found my local league via the fine print in my local newspaper, so I knew that this tiny piece of free publicity each week was important. Every Sunday after my match, I ate dinner by the phone as the scores were rung in, then I phoned the newspaper with the compiled results. I did it because if I didn’t, it might not get done.
I wasn’t alone. Many in my era simultaneously built the platform for our game while playing on it. It was far from ideal, but it was a battle that had to be fought in order to develop the game.

That battle continues today, all over the world and it takes its toll.

Former New Zealand international Sarah Gregorius described the “slow erosion” of her struggle in a 69-cap career: “To have to fight and claw and scratch for the dignity and respect so easily granted to someone of the opposite gender doing the same job as you, wears you down...over time inequality will grind you down and possibly break you. It is felt. It is damaging. It hurts.”

And when Brazilian legend Cristiane announced her retirement in a heart-breaking video after 17 years in the national team, she said it was “because of the things I don’t have the strength to deal with anymore”.

So, why does any of this matter to the medical profession?

It matters because the overwhelmingly male ‘default’ in football is inherent to the environment medical professionals work in. Recognising this will help the profession and the game to be more inclusive, which will be good for football and all those involved with it.

If you’re not sure why that matters, ask your female colleagues. Or consider the well-documented experiences of one of the few female doctors in the English Premier League. As team physician for 8 years, she worked at the highest levels of the game, managing the impacts of Premier League and Champions League football on a large squad of expensive footballers over a gruelling season of 50 to 60 matches.

On top of these demands, she also dealt with the everyday sexism of football, including from fans – whose obscene chants do not deserve to be repeated here.

Perhaps bullying is rife in football, but we never hear of men being insulted for being men. We do occasionally hear of black players being racially abused, but the international football community is making steady (although very slow) progress at punishing this kind of behaviour. This is not the case with sexism.

Would they say this to a doctor in her consulting rooms? Would they yell this on the street? Yet here, in the most fancy stadiums, at the biggest clubs, from fans in expensive seats in the world’s wealthiest league, flowed an unchecked, unchallenged stream of sexism and abuse at a doctor, simply for being female.

But it was not only on the terraces. After the famous insults from her team’s coach – for doing her job when called onto the field by the referee – this female doctor was relegated from the bench to the stands. We saw precisely how a woman who stands up to wrongdoing is treated, compared to what happens to the man who mistreats her.

In the end, none of it was edifying for either the coach or the club. But the humiliation was apparently soon forgotten, a mere blip in the male coach’s career, and no impediment to his employment as the new

“To have to fight and claw and scratch for dignity and respect so easily granted to someone of the opposite gender doing the same job as you, wears you down...over time inequality will grind you down and possibly break you. It is felt. It is damaging. It hurts.” – Sarah Gregorius
manager of another famous Premier League club. The Premier League and the Football Association found no cause to intervene. Situation normal, then.

If you’re a woman working in the medical profession – or anywhere in football – this probably isn’t news. If you’re a man, be mindful that this is what your female colleagues face. You have the choice of being a complicit bystander or a valuable ally who is prepared to call it out. Because it turns out your male voice is much more likely to be heard and regarded as credible in calling out bias or bullying of women.

The second reason this matters to the medical profession is that it matters to your patients.

Increasingly, your patients in football will include more female players. Understanding their challenges and the context in which they play their football will be more and more relevant to your practice.

Medically, women face a different range and frequency of medical issues.

It is commonly recognised that anterior cruciate ligament (ACL) tears are multiple times more frequent in females – when I tore mine, it was the ninth in a single year in our national team. Understanding preventive techniques and measures, and how the best women’s football coaches incorporate these into their training programmes, is critical to player welfare.

I know of one European club that lost its experienced coach (a woman who was deeply familiar with the women’s game) halfway through the season and appointed a new coach whose only previous experience was in men’s football. He changed their training regime, applying techniques that had worked well with male players – and five of the team suffered ACL injuries in the second half of the season, up from none in the first half. Perhaps doctors can play a role in educating players and coaches of the risks and in working with coaches to incorporate preventative regimes into training.

Concussion is also more common in women’s football. Quite why isn’t clear: perhaps injuries are more likely to be reported or perhaps there is a physiological cause. When former USWNT player Brandi Chastain (most famous for that iconic shirt-off moment after her winning penalty in the 1999 World Cup) recently pledged her brain to Boston University researchers, it highlighted a shortfall in research on female players. It turns out that most of the brains in research banks belonged to men. But women are increasingly playing football and as Chastain said: “…there’s nobody saying, ‘What’s it doing to them?’” We need help to learn why concussion is more likely in women and how to best prevent and manage it.

This is just one area in which data on female bodies are lacking. In her recent book Eat Sweat Play, sports journalist Anna Kessel described her surprise at learning how little medical research is conducted on women’s bodies. Crash test dummies were based on male bodies for decades; drug dosages were tested on male bodies for decades; drug dosages were tested on men, sometimes based on the rationale that the female body is too hormonal for testing. So how are cyclical changes to be managed, if they are not measured? As Kessel points out: “men’s bodies being substituted for female bodies in sports research is about as unscientific as you can get.”

Menstruation, pregnancy and gender verification issues appear only in the women’s game. As women increasingly take to the field, sports medicine will need to re-balance its attention accordingly.

There are other differences. Almost everything off the field is different; female players are far less likely to be academy products (as clubs don’t invest in girls as they do in boys), have agents from a young age or be ‘groomed’ for sale to a big club. They may be more likely to be living with their parents or ‘couch-surfing’ while studying or working part-time, anticipating that their football paydays will be modest.

And they almost certainly come from a place that is very different from male athletes, having grown up with gender stereotypes and body image pressures that apply particularly to girls. Consequently, many women have a tortured relationship with exercise and their own bodies. Kessel cites a recent English survey that found 75% of women wanted to exercise more, but did not do so for fear of being judged on their appearance or their ability; and a Glamour magazine survey which showed...
that on average, women have a negative thought about their body every waking hour.

Sport and exercise can be liberating, but in a world where sexualised imagery is the norm, do not imagine that we are free of body image issues. Eating disorders are more common in elite women’s football than is recognised. Again, the medical profession is needed to assist, educate and manage.

Living with discrimination and harassment in our gendered world is harmful to women’s mental and physical health. The medical profession can help protect women from this harm by recognising it and challenging the conscious and unconscious biases and disrespect that lie beneath. Where it occurs in sport, this should be part of the team clinician’s role.

Those players who are lucky enough to remain in the game, may go on to become coaches or match officials – and face a whole new set of hurdles as women cast in positions of authority. ‘Men take charge, women take care’, goes the saying. Taking charge is necessary for coaches and referees, but by breaking gender norms can trigger criticism and resentment of a kind that their male peers never have to deal with. Sir Alex Ferguson, it must be remembered, threw a boot at David Beckham and cut his eye. Can you imagine the opprobrium a female coach would face for such emotional behaviour?

When you work with female coaches and referees, be aware of the unconscious biases at play as they goes about their work and consciously address them. Don’t be part of the problem – be part of the solution.

Football is the world’s favourite game – and it is finally opening its doors to women. A more gender-balanced, inclusive game can have a powerful effect in setting the cultural norms we all live by. In a polarised world, it can be a force for greater understanding and harmony. It’s up to us all to make it happen.

Moya Dodd is a former vice-captain of the Australian national team. She serves on the Asian Football Confederation Executive Committee and chairs its Women’s Football Committee. Moya was one of the first women to serve on FIFA’s Executive Committee, from 2013 to 2016. These views are her own.

References


Moya Dodd L.L.B. (Hons), E.M.B.A. Partner, Gilbert + Tobin Lawyers Executive Committee Member and Chair of the Women’s Football Committee, Asian Football Confederation Member, Athlete’s Entourage Commission, IOC Member, Player Status Committee, FIFA Chair, Common Goal Member, International Council of Arbitration for Sport Sydney, Australia Contact: Mdodd@gtlaw.com.au