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A SUBMISSION ON BEHALF OF THE SPORTING SHOOTERS ASSOCIATION  
OF AUSTRALIA INC. WITH REGARD TO THE INQUIRY INTO WOMEN IN  
SPORT AND RECREATION IN AUSTRALIA

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The Sporting Shooters Association of Australia Inc. welcomes the opportunity to present a submission as part of the inquiry process. The Association promotes a broad range of firearm sports, including hunting, at the local, state, national and international level and currently, through our National Association, holds official Non-Government Organisation status within the United Nations. This submission represents the concerns and experiences of SSAA members and the aim of this submission is to provide information on the benefits of sport shooting for women. Should there be any questions of if any further information is required in relation to this submission we would be most pleased to respond.

Yours Sincerely

Olympic and Commonwealth Games highlight the success of the Australian sport shooting teams. The women who participate in these events are ranked among the highest in the world and are truly elite sportspeople. What is not recognised is that participation in other sports usually occurs over a limited age range, particularly at such an elite level. Sport shooting is an exception to this trend, with men and women competing well into their retirement years. Even the average age of elite participants is higher than for most other competitions on the national and international arena. This characteristic is also reflected in sport shooting at the recreational and social level.

The health benefits for women in this organised sport are therefore extended over decades. Levels of participation, competition and even fitness can also be varied according to the needs and commitment of the participant. Elite sportswomen will obviously devote more time to training and fitness, but even at a recreational level women will have an opportunity to train and enjoy competition appropriate to their standard of shooting. Within the SSAA competitions are not gender based, but are based on gradings so men and women can and do compete on a completely equal basis. However, for some disciplines the option for women to compete in women-only events is also available, i.e. those events shot at Olympic and Commonwealth Games. Additionally, many sport shooting associations, including the SSAA, offer non-competitive events that are designed to build confidence, control and responsibility. These are important life skills.

The standards required by shooting ranges, disciplines, and Australian State legislation ensures that this sport is among the most controlled and most regulated in Australia. However, SSAA Inc. are concerned that current legislation discourages women from participating in a sport that is recognised as the safest in the world. We believe that legislation should be formulated with a view to ensure participation within a regulated framework rather than discouraging women from becoming part of a sport that covers elite competition through to recreational participation, over many years of a woman's life.

We would also like to draw the Committee's attention to the fact that sport shooting caters to many people, male or female, who have a disability that prevents them participating in more physical sports. Legislation can frequently place barriers in the way of such people participating. I have attached to this submission an article that was printed in ACROD's Disparity magazine, which outlines the importance of sport shooting to people with disabilities and the problems legislation can cause if it is introduced without careful thought as to the consequences.

Efforts to encourage women of any age to participate in sport shooting are left almost entirely up to the sport shooting associations. It is rare that government Departments involved in promoting recreational or competitive sport provide programs that cover

safety awareness. Apart from providing an emphasis on safety and personal responsibility, which are important lessons in the teenage years, shooting teaches learning skills related to focussing, persistence, and concentration. These attributes in turn translate to a wider set of life skills, and provide a foundation of life skills that be extended into other facets of school work, equipping young women to face academic and personal challenges with increased confidence.

We believe that local and regional clubs make every effort to retain women in the sport, whether they are elite or recreational participants. The Australian Shooting Association (ASA) receives some amount of Federal funding for elite programs, which is directed at Commonwealth and Olympic events only. The ASA provides some support for programs operating within the ASA aimed at identifying young women with elite potential. However, there are other state, national and international events which receive no funding because they are not Olympic or Commonwealth events. Recreational shooters receive no funding support at all and the majority of women (of any age), who enter the sport progress through associations other than the ASA until they are elite competitors, at which time they may then move into Olympic and Commonwealth disciplines that receive funding via the ASA. Thus, all support comes from clubs and associations and the volunteers running those clubs and Associations. The SSAA therefore urge the Committee to consider this disparity in funding allocation.

Women's sport in general requires and deserves greater media coverage, but sport shooting rarely receives any coverage. Given that most disciplines are non-gender specific we believe that encouraging the media to cover major sport shooting events other than the Olympic and Commonwealth events would be beneficial because it would show women competing on a completely equal level with their male colleagues. The SSAA support any program developed that will encourage the media to show women's sport, whether it is sport shooting or not.

Many women in the SSAA act as coaches and administrators. All these positions are volunteer positions. Two of our State Presidents are women and many others serve on State and National committees, including executive level. These roles are unquestionably leadership roles, and the women in those positions provide role models for both men and women entering the sport. Just as the majority of shooting competitions do not differentiate between the genders, leadership roles do not differentiate when one participates in sport shooting. Unfortunately, any perceived issues associated with women being in these roles comes not from within the sport, but from ideological extremists in the community who endeavour to portray shooting as a sport undertaken by men alone.

As a woman within sport shooting I can assure the Committee that I have been harassed and abused as being 'an unnatural woman' by some people who have an

In closing, the SSAA feel that sport shooting associations actively encourage women to take up participatory, technical and administrative roles. They actively encourage women to take part by providing safe, non-discrimatory competition, ranging from elite to recreational levels of participation. What is lacking is media recognition and grass roots funding. We urge the Committee to review how funding is allocated at the local and regional level and whether it is more beneficial for funding to be provided to sports that encourage a lifetime of participation rather than focus only on Olympic and Commonwealth careers. We hope these comments will be of some use and are happy to provide further information on any of the areas discussed in brief above.

# THE COSTS OF MANDATORY REPORTING

*Shooting is one of the few sports where people with physical disabilities can participate on equal terms with their able-bodied colleagues. Yet, as **Jeanine Baker** explains, mandatory reporting may be used to reintroduce discrimination through the back door and with the best of intentions*

‘Disparity’ — inequality, inequity, imbalance, injustice. Seeing disparity displayed in any area is a challenge for anyone who wants to believe they are ethical and moral community members. When disparity is condoned or encouraged, however tacitly, by those who call themselves movers and shakers in government circles it is even more insidious and questionable.

My purpose in this article is to look at one example of insidious disparity that has been embraced by government and health professionals alike without critical review or ethical consideration. There is a great deal of nonsense written and spoken about sport shooting and it would take a book to refute all of the accusations made against shooting organisations and firearms owners in Australia. It is certainly not my purpose to do so here, but I admit to having a biased point of view of sport shooting. I’ve been a firearms owner for more years than I care to remember and because of my knowledge and experience I firmly believe that shooting is one of the finest and most versatile sports available. It’s also one of the few sports that do not limit participation because

equal because the only thing that matters is the grouping of the shots on a paper target.

There are also good reasons why sport shooting can be useful in rehabilitation programs. The skills of shooting can be applied in a controlled setting to promote improved hand/eye coordination, trunk control, balance, and increased awareness of breathing patterns. Progress can be monitored with a very visible record — via the position of holes on a piece of paper. This is a rewarding process, whether you are a peak athlete or a patient recovering from an accident. The other advantages are more intangible and include social interaction and acceptance across a wide section of society, access to a variety of competitions and, in many cases, a restoration of personal pride in your abilities.

So, where is the disparity? Bluntly it is in one section of the Firearms Act — the little part which states that health professionals must report any patient they have reasonable cause to believe is a risk to themselves or others. For example, the South Australian legislation, Section 20A (1) (a), which deals with the obligations of prescribed persons states:

*“Where a prescribed person has reasonable cause to believe that a person whom he or she has seen in his or her professional capacity is suffering from a physical or mental illness, disability or deficiency that is likely to make the possession of a firearm by the person unsafe for the person or any other person; and that person holds or intends applying for a firearms licence or possesses or has the intention of possessing a firearm, the prescribed person has a duty to inform the Registrar in writing of the person's name and address, the nature of the illness, disability or deficiency and the reason why, in the opinion of the prescribed person, it is or would be unsafe for the person to have possession of a firearm.’*

should be applied in a practical situation; what protocol should be used to determine who should and should not be reported; and why any health professional reporting a patient should be exempt from litigation, or at least censure, in the case of malicious reporting. Given the impact of malicious reporting on the life of the person who has been reported there is certainly an imbalance in providing blanket protection for someone who does indulge in malicious reporting. This is especially so in the case of people with disabilities, as I am about to show.

At first glance the legislation seems to address the possibility of over enthusiastic or malicious reporting. Health professionals are required to declare on what grounds they believe a person is a risk, for instance, what the medical condition the person is suffering from. This is designed to ensure that only legitimate cases are reported: that there is 'reasonable cause' for further action to be taken. Yet in South Australia the legislation states that a firearms owner should have their licence immediately suspended when a letter from a health professional is received, whether the medical condition is stipulated or not. Nor do the police seem to have the opportunity to confirm that a cited medical actually provides a reason to believe that self-harm or harm to others is probable before they proceed along the path to revoke a licence and, if necessary, seize firearms registered to the licence holder. The licence is suspended for three months, after which the Consultative Committee in conjunction with the Registrar reviews the case. The licence is then revoked unless the individual in question has proven that any claims against them are invalid. The reality is that there are cases when it all becomes too difficult and distressing to even attempt to regain the lost sense of achievement and pride when such a blow comes out of the blue.

The simplest way I can show the impact of such a letter, perhaps sent to the

suffers from permanent physical disability. In her own words: 'I am not strong, I am as weak as a little five year old. I can't hold a rifle up, but I thoroughly enjoy my bench rest shooting ... to discover that late in life that you could take up a hobby again... It is something my husband and I can do together, which is great, because physically, medically there is nothing else I can do.'

I asked Britt how she felt when she found out that she had been reported to the police as not being a fit and proper person to hold a firearm licence. It was obvious she still struggles to come to terms with the entire chain of events. Britt had asked her own doctor to refer her to someone who could help her overcome her smoking habit. The psychiatrist she was referred to saw her twice before referring her to another psychiatrist for hypnotherapy. One of the last questions this person asked was if she was 'silly enough to own firearms'. Britt responded by telling the psychiatrist how proud she was of obtaining her firearms licence and how much she enjoyed sharing her time at the range with her husband and friends. Months, not days, after the two initial visits Britt received a letter saying she had been reported as not being a fit and proper person to hold a firearms licence. Her recollection of that time is that she 'just cried'. It had required courage to take up a sport given her age and physical weakness and courage to work through the long process of getting a firearms licence. The shock of knowing it could be taken away simply because of a letter from a health professional who had only seen her twice almost made Britt give in and accept that she was not supposed to have fun any more.

Thankfully, Britt's fervour and pride would not let her just leave the sport and surrender her licence. With the support of her husband, the club where she does most of her shooting and her own doctor she worked through the steps required to refute the original letter with the guidance of the police. Even now, Britt cannot understand why she was reported. Her doctor, who has known



summed it up by saying that all shooters agree with the intent of the law, and that a health professional who considers someone as a genuine risk should be free to report them without fear of litigation so that lives can be saved and injuries may be prevented. However, he is bitter that they both faced a difficult three months as a result of the two visits his wife made to a psychiatrist when she wanted to give up smoking and he is certainly unsympathetic that a clear reason for the recommendation was not provided to the police or to themselves.

Despite the obvious distress at having to go through the months of proving herself as a fit and proper member of society Britt is not angry. Instead she focuses on the positives. She made a point of telling me that one of the most important aspects is that in our society not enough is known about shooting as a hobby. Her hope was that people who hear her story take a good look at sport shooting, especially if they are not as fit as they once were or if they cannot participate in other sports, and consider giving it a go. Britt believes that, despite needing help to put her targets out, and her physical weakness in general, she has regained her self-confidence because of her skill at sport shooting, she has made many friends and rediscovered the chance to share a hobby with her husband. She is full of plans, which involve trying some serious competition as well as continuing to enjoy her chosen hobby at a social level. Britt is also grateful to the people who helped her through what was a deeply personal crisis, not least of whom were the police themselves, who made every effort to keep her informed of decisions as soon as they were made. Yet I was left with the impression that Britt will never be so trusting with a doctor again.

What lessons may we learn from her case? Let's be blunt on two counts. Governments thrive on crises, whether real or exaggerated, as a means of

and economy or even the opportunity to use the introduction of a new regulation to be seen to be doing something for the public good. Has there been any evaluation of what mandatory reporting has actually done for improving firearm safety? It has certainly led to extra work for the police because they are required to manage and take action on any reports and then deal with any appeal process. Allowing the introduction of any mandatory reporting, without scientific evaluation of the outcome, may lead to the requirement for more and more mandatory reporting, putting bureaucrats, not medical professionals, in charge of dictating national goals for patient safety.

Does mandatory reporting of 'unfit and improper persons', for example, lower the inherent risk of harm to oneself or others? It is well documented in medical literature that as one method of suicide becomes difficult to access, others are utilised more frequently. The Australian Institute of Criminology have raised the spectre of alternative weapons being used in homicides, with sharp and blunt objects being used with increasing frequency in violent crime. Furthermore, if history is a guide, it will not be long before government uses the introduction of mandatory reporting in other areas to justify further regulation of the physician-patient relationship. Mandatory reporting of cardiac patients with drivers' licences perhaps? Canada has already tried this, with a program of mandatory reporting of patients who may be unfit to drive for medical reasons in some jurisdictions in Canada. Given the high number of licensed drivers and the number of people on our roads coupled with the high morbidity and mortality resulting from motor vehicle accidents the mandatory reporting of someone likely to suffer a cardiac arrest while driving seems a promising solution to cut down deaths and accidents on the road. The conclusion of one study on the Canadian experience was that mandatory physician reporting of patients with cardiac illness had a negligible impact on motor vehicle related morbidity and mortality. If there was negligible impact on

considered as possibly unfit or improper to have been granted such a privilege, have of decreasing firearms related morbidity and mortality?

The second lesson to be drawn from Britt's case is that this bureaucratic tendency to regulate is most easily, one might say almost automatically, exercised in the case of people with disabilities. A psychiatrist, ostensibly dealing with a smoking habit, simply *assumes* that a patient with a serious physical disability could not possibly be a fit and proper person to own a firearms licence — and takes it upon him or herself to alert the authorities. Then, as in a libel case, the onus is on the patient to prove that they are 'innocent'. In other words, physical disability alone is considered a sufficient ground or reasonable cause for what used to be known as 'delation': the accusation of a secret or professional informer who bears no responsibility for the consequences of their action.

Put these lessons together and you get a third lesson: that the official treatment of people with disabilities today may well presage what official treatment of everyone will be like in the future — or at least what such treatment *might* be like if officialdom is allowed to get away with it. The Canadian example on driving licences clearly demonstrates that to suggest this is not to be alarmist. The practical, immediate implication — for those of us who like to believe we are ethical and moral community members — is to make sure that the discrimination currently practised against people with disabilities like Britt is exposed and brought to an end. There is enough disparity in the formal letter of the law. Not only in the case of mandatory reporting, but in many other areas and we must ensure that its practice does not extend the problem further.

