

QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

ISSUE #2 2015 Over 20 years of strengthening links between women & providing access to information

DISCRIMINATION

Sex Discrimination **KNOW YOUR RIGHTS**



What is sex discrimination?

Sex discrimination is when a person is treated less favourably than a person of the opposite sex would be treated in the same or similar circumstances. For example, it would be 'direct sex discrimination' if male and female employees are doing exactly the same work, but male employees are being paid more.

It is also sex discrimination when there is a rule or policy that is the same for everyone but has an unfair effect on people of a particular sex. This is called 'indirect discrimination'. For example, it may be indirect sex discrimination if a policy says that managers must work full-time, as this might disadvantage women because they are more likely to work part-time because of caring responsibilities.

How am I protected from sex discrimination?

The Sex Discrimination Act makes it against the law to treat you unfairly because of your:

- sex
- marital or relationship status

- family responsibilities
- because you are pregnant or might become pregnant
- because you are breastfeeding.

The Sex Discrimination Act also makes sexual harassment against the law.

What is sexual harassment?

Sexual harassment is any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.

Examples include:

- unwelcome physical touching
- staring or leering
- suggestive comments or jokes
- unwanted requests to go out on dates
- requests for sex
- emailing pornography or rude jokes
- sending sexually explicit texts
- intrusive questions about your private life or body

- displaying posters, magazines or screen savers of a sexual nature.

Everyone has the right to be safe and free from harassment while at work. The Sex Discrimination Act also covers you if you are sexually harassed when you are purchasing or providing a good or a service or when you are studying at a school, college or university. It also prohibits sexual harassment conducted through new technologies.

What is pregnancy discrimination?

Direct pregnancy discrimination happens when a woman is treated less favourably than another person because she is pregnant or because she may become pregnant. For example, it would be direct pregnancy discrimination if an employer refused to employ a woman because she was pregnant or because she may become pregnant.

Indirect pregnancy discrimination occurs when there is a requirement or practice that is the same for everyone but has an unfair effect

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on pregnant women. For example, it may be indirect discrimination if a policy says that all employees must wear a particular uniform if it is difficult for a pregnant employee to wear that uniform.

What is discrimination on the ground of breastfeeding?

Direct breastfeeding discrimination happens when a woman is treated less favourably because she is breastfeeding or needs to breastfeed over a period of time. For example, it would be direct discrimination if a cafe refused to serve a woman because she is breastfeeding.

Indirect breastfeeding discrimination occurs when there is a requirement or practice that is the same for everyone but disadvantages women who are breastfeeding. For example, it may be indirect discrimination if an employer does not allow staff to take short breaks at particular times during the day.

This may disadvantage women who are breastfeeding as they may need to take breaks to express milk.

What is family responsibilities discrimination?

Family responsibilities discrimination occurs when a person is treated less favourably than another person because they have family responsibilities.

Under the Sex Discrimination Act, family responsibilities include responsibilities to care for or support a dependent child or a member of your immediate family. For example, it may be discrimination for an employer to refuse to employ a person, demote a person or reduce a person's hours of work because they need to care for a member of their family.

What does the Sex Discrimination Act do?

The Sex Discrimination Act aims to ensure that women and men are treated equally and have the same opportunities. The Act protects you against discrimination in many areas of public life, including:

- employment – getting a job, terms and conditions of a job, training, promotion, being dismissed
- education – enrolling or studying in a course at a private or public school, college or university
- accommodation – renting or buying a house or unit
- getting or using services – such as banking and insurance services, services provided by government departments, transport or telecommunication services, professional services like those provided by lawyers, doctors or tradespeople, services provided by restaurants, shops or entertainment venues.

What about discrimination and harassment at work?

The Sex Discrimination Act covers situations where you have been sexually harassed at work or where you feel that, you have been:

- refused employment
- dismissed
- denied a promotion, transfer or other employment-related benefits
- given less favourable terms or conditions of employment
- denied equal access to training opportunities.

Women who are pregnant or returning from maternity leave, and workers with family responsibilities, have rights under the Sex Discrimination Act.

Women who are pregnant should be able to continue to work in the same way and under the same conditions as other employees, unless there are valid medical or safety reasons. It is against the law to dismiss a woman because she is pregnant.

Most workers who have children born or adopted after 1 January 2011 are eligible for paid parental leave, which is fully funded by the Australian Government.

Paid Parental Leave is available to working parents who meet the eligibility criteria. Eligible working parents can receive up to 18 weeks of government funded Parental Leave Pay at the rate of the National Minimum Wage. Eligible dads or partners can receive government-funded financial support for up to two weeks leave. Full-time, part-time, casual, seasonal, contract and self-employed workers may be eligible for the scheme.

A woman who returns to work after maternity leave has the right to return to the same job she had before going on leave. If the position no longer exists – for instance, because of a genuine restructure – she has the right to another job that is as close as possible in pay and responsibilities to the one she held before.

It is against the law for employers to discriminate against a person because of their family responsibilities by terminating their employment. This includes caring for a spouse or de-facto, child, grandchild, brother, sister, parent, or grandparent ...

What can I do if I experience discrimination or sexual harassment?

You may want to deal with the situation yourself by raising it directly with the person or people involved or with a supervisor, manager or discrimination/harassment contact officer.

Making a complaint to the Commission

If this does not resolve the situation, or you do not feel comfortable doing this, you can make a complaint to the



Australian Human Rights Commission. You can also have someone, such as a solicitor, advocate or trade union representative make a complaint on your behalf.

It does not cost anything to make a complaint to the Commission. Your complaint needs to be put in writing. The Commission has a complaint form that you can fill in and post or fax to us. Or you can lodge a complaint online at our website. If you are not able to put your complaint in writing, we can help you with this ...

Where can I get more information?

Contact our National Information Service to make an inquiry or lodge a complaint:

Phone: 1300 656 419 (local call cost)

or (02) 9284 9888

TTY: 1800 620 241 (toll free)

National Relay Service:

1300 555 727 (Speak and Listen)

or relayservice.gov.au

Translating and Interpreting Service:

131 450 or www.tisnational.gov.au

Fax: (02) 9284 9611

Email: infoservice@humanrights.gov.au

Online: You can make a complaint

online by going to

[www.humanrights.gov.au/](http://www.humanrights.gov.au/complaints/make-complaint)

[complaints/make-complaint](http://www.humanrights.gov.au/complaints/make-complaint)

Postal Address:

Australian Human Rights Commission

GPO Box 5218

Sydney NSW 2001

Website: www.humanrights.gov.au

General legal advice

If you are thinking about making a complaint, you might also want to consider getting legal advice or contacting your trade union.

There are community legal services that can provide free advice about discrimination and harassment. Contact details for your closest community legal centre can be found at www.naccl.org.au.

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Disclaimer: The information in this brochure is only intended as a guide. It is not a substitute for legal advice.

This article is an excerpt from the brochure: 'Know your rights: Sex discrimination and sexual harassment' by the Australian Human Rights Commission. QWHN highly recommends reading the full brochure at: <<http://www.humanrights.gov.au/our-work/sex-discrimination/publications/know-your-rights-sex-discrimination-and-sexual-harassment>>.

Photos: <<https://www.flickr.com/photos/highwaysagency/5997001123/>>
(CC BY 2.0); <<http://www.intoscana.it/shared/intoscana/immagini/universita/2011/01/12/6d2695d47be905e1901a2bfc4e31684.jpg>>.

Social and Emotional Wellbeing: **DISCRIMINATION**

This article is part of a comprehensive series released as 'The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples' by the **Australian Bureau of Statistics**.

Evidence suggests that discrimination and racism are associated with a range of adverse health conditions among Aboriginal and Torres Strait Islander people.¹ Studies show links between race-based discrimination and depression and anxiety, as well as smoking, substance use, psychological distress and poor self-assessed health status.² Racism has also been associated with increased levels of marijuana use and alcohol consumption.³

This topic presents results from the 2008 National Aboriginal and Torres Strait Islander Social Survey (NATSISS), which provides the most recent data for discrimination among Aboriginal and Torres Strait Islander people. In this context, the term 'discrimination' refers to self-reported situations/places in which the respondent received unfair treatment as a result of being Aboriginal or Torres Strait Islander.

In 2008, 27% of Aboriginal and Torres Strait Islander people aged 15 years and over reported having experienced discrimination in the last 12 months. The most common situations or places where discrimination was experienced included the general public (11%), by police/security personnel/courts of law (11%), and at work or when applying for work (8%). This pattern was similar for people living in both non-remote and remote areas and for males and females overall, however, partly reflecting the over-representation of males in the criminal justice system, men were more likely than women to experience discrimination by police/security personnel/courts of law (14% compared with 8%).

Discrimination was more prevalent among certain groups within the Aboriginal and Torres Strait Islander community. For example, people who had been removed from their natural families experienced higher rates of discrimination than those who had never been removed (45% compared with 26%). Discrimination was also more common among those who were unemployed (41% compared with 25% for employed) and who had a disability or long-term health condition (32% compared with 22% without a disability). However ... rates of discrimination did not vary by household

KEY MESSAGES

More than one-quarter (27%) of Aboriginal and Torres Strait Islander people aged 15 years and over had experienced discrimination in the last 12 months.

income, level of schooling or ability to speak and/or understand English.

Consistent with the broader literature, discrimination was associated with poorer health outcomes in 2008. Aboriginal and Torres Strait Islander people who had experienced discrimination were more likely than those who had not experienced discrimination to report high/very high levels of psychological distress (44% compared with 26%) and to be in fair/poor health (28% compared with 20%). They were also more likely to engage in binge drinking (42% compared with 35%) and to have recently used illicit substances (28% compared with 17%).

Discrimination was also associated with the respondent's level of trust in other people. As shown in graph 5.2, people who had experienced discrimination were less likely than those who had not experienced discrimination to trust the police, their local school, their

doctor and/or hospital and other people in general.

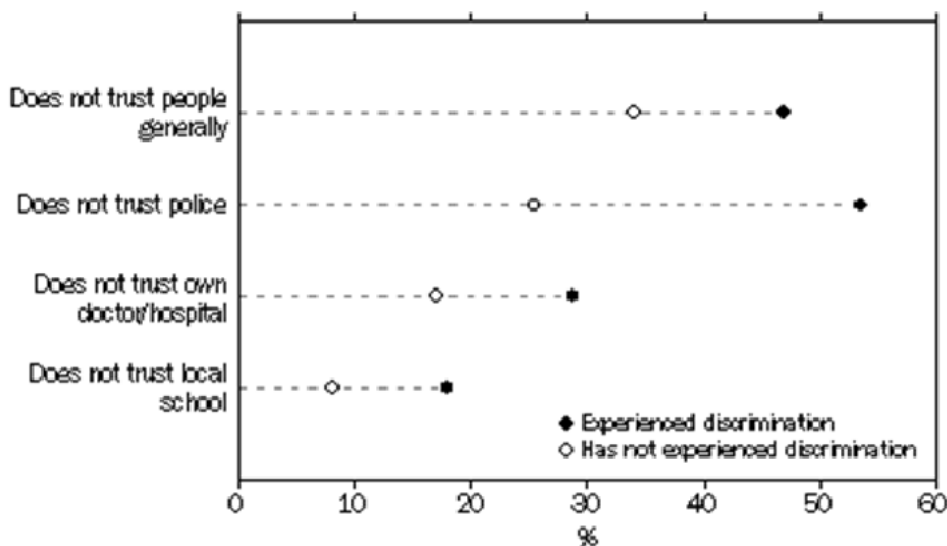
Nevertheless, the majority of those who had experienced discrimination reported strong family and social networks, which studies show may help offset the negative impact of discrimination.² In 2008, 86% of Aboriginal and Torres Strait Islander people who had experienced discrimination said that they were able to get support from someone outside of their household and 74% were able to confide in friends and/or family. Similarly, over three-quarters (77%) identified with a clan or tribal group and 77% were involved in cultural activities in the last 12 months.

This article is an excerpt from: 'Social and Emotional Wellbeing: Discrimination', 4704.0 The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010, by the Australian Bureau of Statistics. QWHN highly recommends reading the full article at: <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter4500ct+2010#>>.

ENDNOTES

1. Australian Institute of Health and Welfare 2009, Measuring the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples, Cat. no. IHW 24. Canberra: AIHW. <www.aihw.gov.au>
2. Paradies, Y., Harris, R. and Anderson, I. 2008, The Impact of Racism on Indigenous Health in Australia and Aotearoa: Towards a Research Agenda, Discussion Paper No. 4, Cooperative Research Centre for Aboriginal Health, Darwin. <www.crcah.org.au>
3. Zubrick, R., Silburn, R., Lawrence, M., Mitrou, G., Dalby, B., Blair, M., Griffin, J., Milroy, H., De Maio, A., Cox, A., and Li, J. 2005, The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People, Perth, Curtin University of Technology and Telethon Institute for Child Health Research.

5.2 LEVEL OF TRUST BY DISCRIMINATION
Aboriginal and Torres Strait Islander people aged 15 years and over—2008



Source: 2008 National Aboriginal and Torres Strait Islander Social Survey.



Older women and DISCRIMINATION

Older women can find themselves becoming more and more invisible

something of a 'dust-up' in quiet old Brisbane at that time, but it was a game-changer in awareness of discrimination against women, gained national attention, and heralded a change in Queensland laws.

Today, women from all walks of life continue to experience discrimination in various settings ranging from the workplace to everyday shopping, and as they grow older they can find themselves becoming more and more 'invisible' in society. They can be increasingly regarded as irrelevant, incompetent, or incapable of making their own decisions, despite the huge contributions older women make, including through voluntary and caring roles. This might be due in part to the current obsession with youth, but also may be influenced by the fact that seniors generally are no longer revered as valuable stores of experience and knowledge now that information is so readily available through other sources such as the Internet.

There is scope for much more to be done, and protests are still a visible way to bring attention to some of the overt forms of discrimination and sexist attitudes towards women. Recently there have been protests about sexist and provocative slogans against women, which are prominently displayed on a fleet of hire campervans. Protest organisers want stronger legislation around advertising standards to force the company to remove the

offensive material which is considered to be particularly inappropriate given the current state and national focus on ending violence against women. It is hard to believe that fifty years after the protest Merle and Rosalie staged, that it is even necessary to have to fight a battle such as this.

We can each play at least a small part in making the world a better place for women, even if it is by simply speaking up for women in our local communities. We must continue to support the appointment of women to decision-making roles at all levels, and to boost the voice of women in all our communities, to help address the issues of discrimination and disadvantage. And we must continue to question those beliefs and practices in our society that are based on habitual or traditional attitudes towards women, which do not serve us well.

The Older Women's Network is a community-based organisation run for and by older women. OWNQ has branches located across Brisbane, Logan, Gold Coast, Mackay and Gympie.

For more information contact:

Older Women's Network Qld
505 Bowen Terrace St.
NEW FARM QLD 4005
Ph: (07) 3358 2301 (Mon to Wed and alternate Thursdays)
E: ownqld@bigpond.com
W: www.ownqld.net.au

Photo: <<http://www.flickr.com/photos/waltercallens/3062112266/in/set-72157609842031972>>.

Discrimination against women, especially older women, has long been a concern of Older Women's Network Qld (OWNQ). Over the decades there have been many steps forward, and some steps back. One of the steps forward was the passing of Queensland's Anti-Discrimination Act 1991, and the Federal Sex Discrimination Act in 1986. Legislative change, however, does not automatically guarantee equality.

Recently there has been much publicity about the fifty-year anniversary of Merle Thornton and her friend, Rosalie Bognor, who chained themselves to the public bar at Brisbane's Regatta Hotel to protest against discriminatory legislation prohibiting women from drinking in the public bar. Fifty years ago! This protest was

Heart Disease—the number one killer of Australian women—and Gender Bias

The symptoms, progress and outcome of heart disease can be different in women and this leads to women being often under-diagnosed and under-treated. Last year, the World Heart Federation called for an end to gender bias in cardiovascular disease:

"Women are still discriminated against when it comes to the management and treatment of this disease. Women are more likely than men to be under-diagnosed and under-treated, mostly because the presentation, progression and outcomes of the disease are different and less understood in women than in men" (Media Release 6 May 2015).

What are some of the facts?

- Heart disease is the number one killer of Australian women, taking a life every hour.
- Over one million Australian women have at least 4 risk factors of heart disease.
- On average 20% more is spent on men than women, although women with heart disease stay in hospital longer than men.
- Only 27% of women have spoken to a GP about heart disease and only 1 in 3 women have had a heart health check.
- Although chest pain is the most commonly recognised symptom of a heart attack, women are less likely than men to experience chest pain.



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Maria Packard

NUTRITION MANAGER, HEART FOUNDATION

- In general women are less likely to receive advice and instructions on how to control their clinical risk factors, reduce their lifestyle risk factors or to attend cardiac rehabilitation.

Take Action! Go Red For Women

For 8 years the Heart Foundation has been funding the 'Go Red for Women' campaign raising funds towards research, health education and awareness to improve the heart health of Australian women. Visit <www.goredforwomen.org.au>.

Further Information

<www.heartfoundation.org.au>
<www.world-heart-federation.org>
<www.world-heart-federation.org/press/releases/detail/article/heart-to-heart-experts-call-for-an-end-to-gender-bias-in-cardiovascular-disease>

Discrimination and reproductive choice

Not only do we discriminate against women seeking abortion, we potentially make criminals of them

‘Discrimination’, ‘stigma’, ‘shame’: these words are so closely interwoven that it is difficult to untie them. They reek of second-class-citizenship, inequalities and a sense of imprisonment.

As a feminist and someone who has worked in public health for more than fifteen years, I see the overlay of poverty, violence, education, and health discriminate against women in all walks of life. It has been a short fifty years since married women won the right to access contraception. A recent survey in the United States found that “obtaining family planning care was harder than obtaining pregnancy-related care.”¹ Things are not much different in Queensland.

True, it is possible to break free of the shackles of discrimination; and we hold up as champions those people who have overcome seemingly insurmountable hurdles of disability, racism, and sexism to achieve great things. Without a doubt you will be able to bring to mind someone that you know, or know of, who has done this.

But I’d expect that this person is not a champion because they had an abortion, or because they are a doctor who performs safe abortions, or because they work for an organisation that supports women to access abortions.

It is estimated that one in four women in Queensland will have an abortion during her reproductive years. It is estimated because perhaps the data is viewed as too shameful to collect clearly for what it is; instead elective terminations of pregnancy are hidden in clinical coding alongside miscarriages, D&Cs (dilation and curettage) and stillbirths. It is likely you will know someone who has had an abortion; you may be like me and have had one (or more) yourself. But like me,

you probably don’t talk about it often because you fear judgement, and the accompanying stigma, discrimination and shame. Real control over our reproductive choices may be one of the last bastions of discrimination women face.

It could be argued that discrimination is ‘enshrined’ in criminal law in terms of abortion in Queensland. Currently a doctor who performs an abortion faces the risk of prosecution penalty equal to that of someone who creates or distributes child pornography. Not only do we discriminate against women seeking abortion, we potentially make criminals of them and the clinicians who help them.

How do we change this? We look to the champions in other sectors that have fought hard-won battles to achieve shifts in public opinion, cultural norms and policy. We talk, listen, and reason with people on the sidelines, those who are in the middle ground or undecided. We speak publically about the injustices and hardships created by viewing the world through one lens. We celebrate the doctors willing to provide services to women at the risk of prosecution. And we talk about our abortions. When the shame shifts, the stigma eases and the people who discriminate find themselves on the other side of the wall.

Amanda Bradley

Manager

Children by Choice

Phone: (07) 3357 9933

E: amandab@childrenbychoice.org.au

W: www.childrenbychoice.org.au

Providing counselling, information and education on all unplanned pregnancy options – abortion, adoption and parenting – since 1972.

1. Hopkins, Kristine et al (2015) ‘Women’s Experiences Seeking Publicly Funded Family Planning Services in Texas’, *Perspectives on Sexual and Reproductive Health* 47(2):TK, doi: 10.1363/47e2815.



Photo: <<http://www.qwoc.org/wp-content/uploads/2012/06/jpg>>.

snapshot

NATIONAL WOMEN'S HEALTH POLICY

“Marginalisation and discrimination against diverse women affect their access to resources and, therefore, impact their health and well-being (p. 8).”



Excerpts from the National Women’s Health Policy 2010 used by permission of the Australian Government.

Australian Government Department of Health and Ageing (2010) National Women’s Health Policy 2010, DoHA, Canberra.



CHILDREN BY CHOICE

ASSOCIATION INCORPORATED

40 Years • 200,000 Women • Still Supporting Choice



what's on?

Important Events and Conferences



- 14-17 SEPT 2015** **THIRD INTERNATIONAL INDIGENOUS SOCIAL WORK CONFERENCE – DARWIN**
 RECOGNISING, RECLAIMING AND CELEBRATING INDIGENOUS HERITAGE
 The Conference brings together Indigenous social workers from around the world to share solutions to issues that affect Indigenous peoples. Featuring internationally renowned Indigenous leadership, this gathering will develop positive relationships and understanding between peoples, governments and community for the betterment of all.
 FOR INFORMATION visit: <<http://3iiswc.com/>>.
- 8-9 OCT 2015** **NDS DISABILITY & DIVERSITY CONFERENCE (NATIONAL) – ALICE SPRINGS**
 PUSHING THE BOUNDARIES OF DISABILITY SUPPORT
 The National Disability Insurance Scheme (NDIS) promises to transform the lives of people with disability; but it is not yet built. A key test of the NDIS is how well it responds to the diversity of Australians with disability. National Disability Services (NDS) is holding a two-day national conference to explore diversity and its implications for the delivery of supports for people with disability. It will consider the different dimensions of diversity-culture, disability type, gender, age, sexuality and geographic location.
 FOR INFORMATION visit: <<http://www.nds.org.au/events/1420592191>>.
- 15-16 OCT 2015** **AUSTRALIAN NURSING AND MIDWIFERY CONFERENCE – NEWCASTLE**
 ASPIRATION, INSPIRATION AND IMAGINATION – NURSING AND MIDWIFERY QUALITY, RESEARCH AND EDUCATION
 This international conference provides a forum for nursing and midwifery clinicians, researchers and educators to share and celebrate experiences and achievements in nursing and midwifery.
 FOR INFORMATION visit: <<http://www.nursingmidwiferyconference.com.au/#sthash.lqMwdNB3.dpuf>>.
- 25-27 Nov 2015** **12TH AUSTRALASIAN INJURY PREVENTION AND SAFETY PROMOTION CONFERENCE – SYDNEY**
 IMPACT AND INNOVATION: PREVENTING INJURY IN A CHANGING WORLD
 The Conference will be a multi-disciplinary event featuring representatives from all facets of injury prevention including research, teaching, practice and policy. Themes will cover topics such as child and family safety, road and transport safety, falls and ageing, water safety (including drowning), burns prevention, rural and remote injury prevention, sports injury prevention and treatment, workplace safety, injury amongst Aboriginal and Torres Strait Islander communities and more.
 FOR INFORMATION visit: <<http://event.icebergevents.com.au/injuryprevention2015#sthash.58hLqkEB.dpuf>>.
- 1-3 DEC 2015** **NATIONAL INDIGENOUS HEALTH CONFERENCE – CAIRNS**
 The 2015 National Indigenous Health Conference is designed to bring together both government and non-government agencies who are working in the field of Indigenous health with the belief that working together can close the gap between the state of Indigenous Health as compared to the health of mainstream society. This gathering will highlight some of the existing Indigenous health programs currently implemented in Aboriginal communities all over the world.
 FOR INFORMATION visit: <<http://www.indigenoushealth.net/indigenoushealthconference.htm>>.



women's health on the net

Hot Spots on the Internet for Women

NEW SMARTPHONE APP 'RE-FOCUS'

www.wlsq.org.au/resources/legal-toolkit/re-focus-app/

What is Re-focus?

It's a free, easy-to-use and interactive App for women who have, are, or thinking of separating. It covers legal information about domestic violence (DV), arrangements for children, financial and property matters, options for reaching a legal agreement and safe accommodation. It also provides helpful referrals and coping tips about separation.

Sometimes, the only thing some women have when separating is their phone.

Often, they don't know where to go to get free legal advice and much-needed referrals. Re-focus, fills that information gap.

For more information visit: Women's Legal Service Inc. <www.wlsq.org.au>.

ARE YOU A WOMAN WHO HAS NO CHILDREN and AGED BETWEEN 45 AND 64 YEARS?

If so, we would love to hear from you!

Researchers at Deakin University are seeking participants for the next phase of their research about life in Australian society as a woman with no children.

If you would like to take part, please visit the following link to complete the anonymous online questionnaire, which will take only 30 minutes of your time.

www.surveymonkey.com/s/life-in-Australian-society-for-women-aged-45-64-with-no-children

Note: The survey is open for a limited time and will close when the required number of participants has been reached.

For further information, please visit:

www.facebook.com/pages/Life-in-Australian-society-as-a-woman-with-no-children/592205344191162

or contact **Beth Turnbull** at b.turnbull@deakin.edu.au



IMPAIRMENT DISCRIMINATION

Anti-Discrimination Commission Queensland

What is impairment discrimination?

Impairment or disability discrimination is treating you unfairly or badly because of your impairment. Discrimination such as this may be unlawful depending on the circumstances.

Examples: You are refused a job as a sales person because you use callipers. You have a hearing impairment and your university lecturer says it's too much trouble to provide your lecture notes in a suitable format.

Unlawful discrimination can also happen in a less obvious way. Sometimes a rule or policy seems to treat everyone the same, but in fact, some people end up being treated less favourably.

Example: You have a speech impairment and want to apply for a job, but the employer only conducts initial interviews by telephone.

The law that prohibits discrimination on the basis of impairment is the Queensland Anti-Discrimination Act 1991.

When and where can discrimination happen?

Discrimination on the basis of impairment can happen at work, school or college, in a public venue in a shop or a restaurant, looking for accommodation, buying property, applying for credit, insurance or a loan, or dealing with tradespeople, businesses or state or local government.

Because discrimination occurs most often in the workplace, employers should offer an equal opportunity to everyone for job interviews, promotion, transfer or training. In other words, employers need to consider you on what you can do, not on what they assume you cannot do.

Is your employer responsible for what happens in the workplace?

Yes. Your employer, as well as the person or persons who discriminated against you, can be liable for what happened to you. This is called vicarious liability.

Employers need to take reasonable steps to ensure they protect their staff from discrimination and vilification, and make sure their workplaces are free of this type of behaviour.

This may include writing policy and making sure all employees, especially managers and supervisors, are trained in how to reduce or prevent discrimination from happening. Employers should also introduce an effective process for dealing with complaints.

Employers or organisations can't avoid their legal responsibility by saying

they were not aware of discrimination in their workplace.

Are there any exceptions to the rule?

Yes. Discriminating against someone with an impairment is not always against the law.

Employers and people who work in education or provide services are expected to provide special services and facilities to people with an impairment. However, their failure to provide you with a special service or facility may not be unlawful if it causes unjustifiable hardship ...

Can I make changes to the place I rent?

Yes, you can, provided you agree to a few conditions. First of all, you must get the owner's permission before you make any changes. You'll also need to pay for any changes you make and be able to return the place to its original condition before you leave.

Are guide dogs covered?

Yes. It's against the law for someone to refuse to rent a place to you, refuse you access to a café, or ask you to pay more because you have a hearing or guide dog. It is also an offence, punishable by a fine, for someone to separate you from your guide dog.

What can I do about discrimination?

You could talk to the person or people involved. Tell them you object to what they are doing, and ask them to stop. Often, this is enough.

If the behaviour happened at work, ask your manager, union representative or contact officer what you might do. If your workplace has a process for dealing with complaints, you could lodge a complaint with your employer.

You could also phone or visit one of our offices. Our staff can give you information about the law and explain how complaints are handled.

How do I make a complaint?

Write down the details of what happened to you in a letter, get a complaint form from our website (www.adcq.qld.gov.au) or call one of our offices for a form ...

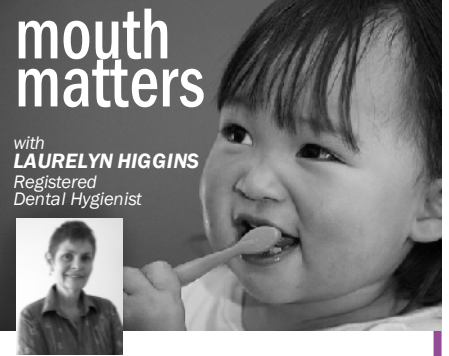
For more information contact the Commission on:

1300 130 670 statewide or
TTY 1300 130 680 statewide.

This information is a guide only and is not a substitute for legal advice.

This article is an excerpt from the brochure 'Impairment Discrimination' produced by the Anti-Discrimination Commission Queensland. QWHN highly recommends reading the full brochure at: <<http://www.adcq.qld.gov.au/resources/brochures-and-guides/brochures/impairment>>.

Photo: <<http://techforthedisabled.wikispaces.com/Hearing+Disabilities>>.



mouth matters

with
LAURELYN HIGGINS
Registered
Dental Hygienist



Can discrimination affect my dental health?

Discrimination may contribute to adverse health conditions, including anxiety and depression, in women of all ages. Antidepressant medications are prescribed in some cases, and can have side effects such as 'dry mouth syndrome'.

Saliva is Mother Nature's mouth moisturiser. It flushes food particles, buffers an acidic mouth and delivers minerals to the teeth. The mouth becomes acidic when the saliva is decreased; foods stick and germ levels can increase up to 10 times – a huge risk for tooth decay.

While it's important to continue taking our prescribed medications as directed, there are some things we can do:

- Brush and floss effectively
- Avoid rinsing after brushing so the fluoride soaks in
- Eat wisely, reducing sugary foods and drinks
- Use dry mouth relief toothpaste, rinse, and/or gel, daily
- Carry a water bottle and drink regularly
- Restrict smoking, alcohol and caffeine
- Chew sugar-free gum and hard, crunchy foods to stimulate saliva
- Top up with high-strength fluoride and calcium dental products
- Have regular dental check-ups, risk assessments and maintenance.

If you have a persistent dry mouth, have a chat with your dentist or hygienist about special dry mouth dental products. It's important to stay positive and continue to make dental health a priority.

For more information about dry mouth syndrome and dental problems:

<www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Dry_mouth_syndrome>

<www.mouthhealthy.org/en/az-topics/d/dry-mouth>

WOMEN'S HEALTH WEEK

7–11 September 2015 **Let's talk.**



The Jean Hailes Women's Health Week is a week dedicated to all women across Australia. It's a week to focus on your health, learn more and take action. In 2015 we are launching our new campaign **No more elephants!**

It is time to get rid of the elephant in the room and get talking about women's health.

Women can be good talkers, but when it comes to health, we often don't take the time to ask questions, seek out credible information and work on a sound plan of action.

What do women want to know about their health?

To kick things off we will be launching the results of our survey 'What do women want to know'. Over 3,325 women and health professionals completed the survey telling us what women worry about and what information they would like to hear about when it comes to their health. During women's health week we will focus on what women want to know about their health.

You can get involved by:

Hosting or joining a women's health event in your area, supported by free Jean Hailes resources, host videos, promotional material and online information. Sharing your "elephant in the room" and talking on Facebook, Twitter and Instagram with **#womenshealthweek**

Register for the week at **womenshealthweek.com.au**

Want more information?
Call 1800 JEAN HAILES (532 642)
Email whw@jeanhailes.org.au

NEXT NEWSLETTER TOPIC

'WOMEN & DEMENTIA'

DO YOU OR YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

Share your insights with over 400 health & community organisations and other women in Queensland.

We welcome articles, news items, and other non-profit submissions.

Contact us as soon as possible at **coordinator@qwhn.asn.au** to obtain full submission guidelines.

DEADLINE: 2 October 2015

QUEENSLAND WOMEN'S HEALTH NETWORK INC

Ph: (07) 4789 0665

PO Box 1855, Thuringowa BC QLD 4817

Email: **coordinator@qwhn.asn.au**

Website: **www.qwhn.asn.au**

CHAIRPERSON &

Nth Qld Representative: Dr Betty McLellan

TREASURER/SECRETARY &

Central Qld Representative: Sue Manthey

Far North Qld Representative: Romina Fujii

West Qld Representative: Kim Hurle

South Qld Representative: Karin Cheyne

HAVE YOUR SAY...



We are interested in your feedback on the quality of the newsletter, and issues and topics you would like to see in future editions.

Please contact the QWHN Coordinator Maree Hawken on (07) 4789 0665 or email us at: **coordinator@qwhn.asn.au**



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MEMBERSHIP

To become a member of QWHN, simply fill in this application and send to QWHN at PO Box 1855, THURINGOWA BC, QLD 4817

Membership of the Network is open to women's organisations and individual women who are in agreement with the Network's purpose and objectives.

Name:	NEW MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	
Phone:	Fax:
Email/Web:	
Profession / Organisation (if applicable):	
MEMBERSHIP FEES: Individual (unwaged or student) — \$5.50; Individual (waged) — \$11.00; Organisation — \$33.00	

Please find enclosed a cheque/money order for \$ for one financial year's membership (1 July 2015–30 June 2016)

Do you consent to your name, as part of the membership list, being distributed for networking purposes? YES NO

I/We hereby agree to abide by the Purpose, Objectives and Policies of the QWHN. (see website www.qwhn.asn.au)

Signature

Date

TAX INVOICE
ABN 11700374032