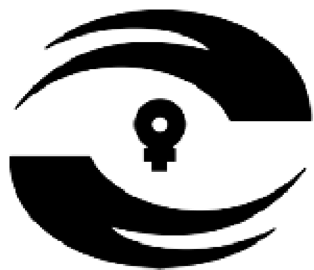
www.qwhn.asn.au



QUEENSLAND WOMEN'S HEALTH NETWORK NEWS

DECEMBER 2012 *'Aims to strengthen links between women by providing access to information and support'*

VIOLENCE AGAINST WOMEN

Women fill the streets to demand an end to violence against women and children during the 'Million Women Rise' demonstration in the United Kingdom in March 2012. (See story on page 4.)

Photo courtesy of Million Women Rise

IN THIS EDITION **VIOLENCE AGAINST WOMEN**

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QWHN RECEIVES FUNDING FROM DEPARTMENT OF COMMUNITIES, CHILD SAFETY & DISABILITY SERVICES

Australia's Plan to Reduce Violence Ag

Each of us has a responsibility to challenge gender, racial and other inequality that contributes to violence against women according to ***Heather Nancarrow***[1]

Introduction

Violence has a clear gender dimension. We know from the Australian Bureau of Statistics Personal Safety Survey (ABS, 2006) that men experience more violence than women and that men are mostly the perpetrators of violence, whether the victims are men or women. Further, men typically experience violence in public places and are most likely to be seriously injured by a stranger. Women typically experience violence within the home and are at greatest risk of being injured by someone within their family, most often their intimate male partner.

Almost one in three Australian women has experienced physical violence since the age of 15. Although there are many forms of violence against women and girls that must be addressed, the most pervasive forms of violence against women in Australia are domestic violence (particularly intimate partner violence) and sexual violence. The magnitude and impacts of these forms of violence against women warrant discrete and urgent action. The Council of Australian Governments' National Plan to Reduce Violence against Women and their Children (COAG, 2011) is a 12-year plan aimed at a significant reduction in domestic violence and sexual violence against women in Australia by 2022.

This brief article is a call to action; a plea to capitalise on the unique opportunity offered by the COAG National Plan. It begins with an overview of the prevalence and impacts of intimate partner violence and sexual violence against women, followed by a brief discussion of the National Plan and its implementation.

Prevalence and impacts

One in five Australian women is sexually abused and one in six is physically abused by a current or former intimate male partner (ABS, 2006). In Queensland, 13% of women reported physical or sexual abuse by their current male partner and one-third reported their current male partner perpetrated non-physical forms of abuse against them (Nancarrow, Burke, Lockie, Viljoen, & Choudhury, 2011).

VicHealth's (2004) landmark study revealed that domestic violence is the leading cause of ill health and premature death among women aged 15–44. In Queensland, the risk of suffering depression and/or severe psychological symptoms was significantly increased for women who reported any form of physical, sexual or non-physical abuse by their current partner (Nancarrow et al., 2011). The table below shows that the chances of suffering severe psychological symptoms and depression are significantly increased for women who experienced some form of abuse by their current male partner, compared to those who did not.[2] For example, the chances of experiencing severe psychological symptoms were 17.5 times greater for women who had been sexually abused by their male partner.

Violence against women affects all age, socio-economic and cultural groups, but not equally. Within Australia, Aboriginal and Torres Strait Islander women are at greatest risk of violence (Al-Yaman, Van Doeland & Wallis, 2006; Ferrante, Morgan, Indermauer & Harding, 1996). They experience more, and more serious, violence, including homicide, perpetrated by their intimate male partners than any other group (Dearden & Jones, 2008; Virueda & Payne, 2010). This must be understood in terms of the complex interaction of various factors, a discussion of which is not possible in this short article.

Domestic violence is the biggest single cause of homelessness among women and their children (Australian Government, 2008), leading to disrupted employment, education and social supports with long-term consequences for health and wellbeing. It costs the Australian economy $13.6 billion per annum; Queensland's share is around $3 billion per annum. These social and economic costs point to a critical need to significantly reduce (if we cannot eliminate) violence against women.

Odds ratio for severe psychological symptoms and depression by type of abuse

	Severe psychological symptoms	Depression
Physical abuse	7.3	2.9
Sexual abuse	17.5	6.1
Non-physical abuse	4.9	2.8

Source: Nancarrow et al., 2011

The National Plan to Reduce Violence against Women and their Children 2010–2022

The National Plan to Reduce Violence against Women and their Children was agreed to by the Prime Minister, premiers and chief ministers through the Council of Australian Governments in February 2011. It is the first of its kind in Australia, although it shares some features with the 1992 National Strategy on Violence against Women. The framework for the National Plan is structured around six national outcomes:

1. Communities are free and safe from violence
2. Relationships are respectful
3. Indigenous communities are strengthened
4. Services meet the needs of women and their children
5. Justice responses are effective; and
6. Perpetrators stop their violence and are held to account.

...gainst Women

The optimal outcome is no violence to begin with, so the National Plan opens with a focus on primary prevention: stopping violence before it starts. It looks to future generations where women are respected and not considered fair game for sexual abuse and exploitation; where intimate partners enjoy relationships characterised by mutual respect, and domination and control are absent. Achieving this vision requires a broad-based culture of opposition to violence against women; and to the attitudes, behaviours and structures, including gender and racial inequality, that directly or indirectly foster it. The first three of the six outcomes of the National Plan are related to achieving this vision of a future free from violence against women.

Until that vision is achieved, effective early intervention is critical to minimise the harm to women, their children and the broader community; and to hold perpetrators of violence against women accountable. Strategies to achieve these goals are addressed in outcomes four, five and six of the National Plan.

The National Plan is to be implemented through a series of four, three-year action plans, with the commonwealth, and each state and territory government contributing jurisdictional plans within the framework of the six national outcomes. This is an ambitious goal facing considerable challenges (Nancarrow, 2010). The success of the National Plan depends on the commitment of consecutive governments, over 12 years, to developing, funding and implementing sound three-year action plans at national, state and territory level to achieve the national outcomes and, therefore, the promise of the National Plan. However, governments alone cannot achieve this vision.

A call to action

Achieving the vision of the National Plan will take consistent and concerted effort from the wider community. Each of us has a responsibility to challenge gender, racial and other inequality that contributes to violence against women and the attitudes and behaviours that foster it. Maintaining and building momentum towards a significant reduction in violence against women and their children by 2022 also depends on the broader community insisting that governments stay committed to the vision of the National Plan and its implementation.

If you care about the safety, health and well-being of women and their children get involved with the National Plan.[3] Make sure your community knows about, and is committed to its vision. Let your local members of parliament, state and federal, know that your community expects their commitment to implementing the National Plan to be represented by their local members and reflected in policy, planning and funding to achieve a significant reduction in violence against women by 2022.

[1] **Heather Nancarrow** is the Director, Queensland Centre for Domestic and Family Violence Research, CQUniversity. She was Deputy Chair of the National Council to Reduce Violence against Women and their Children, which produced *Time for Action* the blue print for COAG's National Plan. Heather can be contacted on (07) 4940 7834. Also see <www.noviolence.com.au>.

[2] The *Intimate partner abuse of women in Queensland* report provides details of the methodology used, and is available at <http://www.noviolence.com.au/reports.html>.

[3] A copy of the National Plan is available at: <http://www.fahcsia.gov.au/our-responsibilities/women/programs-services/reducing-violence/the-national-plan-to-reduce-violence-against-women-and-their-children/national-plan-to-reduce-violence-against-women-and-their-children>.
A primary prevention toolkit to support the implementation of the National Plan is available at: <http://www.nrwn.org.au/stopping-violence-against-women-before-it-happens-a-practical-toolkit-for-communities>.

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emergency food relief
meeting the needs of clients

food files
with Deanne
NUTRITION MANAGER, HEART FOUNDATION

Many organisations provide emergency food relief, for people in diverse and difficult circumstances. Although not currently coordinated or standardised in Queensland, there are some tips for ensuring that food parcels come as close as possible to meeting the nutrition and lifestyle needs of clients.

What factors need to be considered when making up food parcels?

Aside from nutrition and availability of food items, the circumstances of the client should be the main driver for determining the contents of a food parcel. This includes consideration of food preparation skills, utensils and storage facilities, along with palatability and how food items can be combined to make basic meals.

What is the minimum that should be included in a food parcel for good nutrition?

The *Australian Guide to Healthy Eating (AGHE)* is the best guide for determining what goes into a food parcel. All food groups should be represented, in proportions consistent with what can be found on the *AGHE*. Briefly, the food groups include vegetables; fruit; breads/cereals; meat/alternatives; and dairy. Although they are not a specific food group, fats and oils (including nuts and seeds) should also be considered.

Is there anything that should not be included in a food parcel?

Consultation with agencies has found that a disproportionate amount of non-nutritious ('junk') food is regularly included in food parcels. Whilst 'junk' foods can deliver variety and enjoyment to eating, when eaten in excess they contribute to chronic diseases such as obesity, diabetes and heart disease.

Where can I get more information on emergency food relief?

Contact **Foodbank** on **33958422** for more information on services that provide emergency food relief, or visit their website: <www.foodbank.com.au>

MILLION WOMEN RISE

is a women's movement that creates women's spaces by sharing values of solidarity, sisterhood, love, and peace. With a central organising group in London and volunteers throughout England and Wales, the movement seeks to demonstrate against individual and institutionalised male violence enacted against women and girls worldwide.

Sabrina Qureshi, the founder of Million Women Rise, has been facilitating the movement since its inception in 2005: "Million Women Rise was initiated by Black wimmin due to the lack of visibility of Black women's voices in the predominately White middle-class feminist movements in the UK. Million Women Rise has been instrumental in changing that."

With no formal funding or corporate partnerships, the movement is entirely facilitated by volunteers who work hard to maintain a strong sense of autonomy. Sabrina described the range of personal and political violence which Million Women Rise challenges: "We are addressing the effects of male violence in many communities across Europe, including domestic violence, forced marriage, no recourse to public funds, sexual violence and rape, female genital mutilation, porn and prostitution, the media's institutionalised objectification of women, anti-abortion legislation, trafficking, racism, lesbianphobia, and 'corrective rape'. We challenge state-enforced violence, such as funding cuts to women's services, the closure of women's spaces, and the closure of refuges for women and children."

Million Women Rise facilitates a range of activism and action throughout the year, with events including demonstrations, vigils, workshops, and an annual rally, engaging with women and women's groups from across the UK. "Million Women Rise works together with all wimmin from all communities – Black and White and Women of Colour, shoulder to shoulder."

During the Million Women Rise demonstration held every March, thousands of women fill the conservative streets of Westminster and demand change. The rally travels along Oxford Street, Regent Street, and through Piccadilly Circus, and is followed by speeches in Trafalgar Square.

"We believe this violence is systematic and organised in the UK and across the world, and we have had enough. We will not stop marching and consciousness-raising until the violence ends. We truly believe that by wimmin connecting and working together we can end this violence in our lifetime."

The movement supports international campaigns such as 'Never Forget', led by Mahlet Mairegu. 'Never Forget' protests against the development of a mausoleum and park dedicated to the memory of Fascist Field Marshall Rodolfo Graziani, which has recently been opened in the Italian town of Affile. Graziani was notorious as Benito Mussolini's commander in colonial wars in Libya, Ethiopia and present-day Eritrea where he carried out massacres and used chemical weapons.

"Our main connection with wimmin across the world is how male violence, such as rape, domestic violence, lack of access to education and health care, and all other forms of male violence, is epidemic across the seas, and is unacceptable."

Million Women Rise works in partnership with Common Cause UK to support a campaign about violence against women in the Democratic Republic of Congo (DRC). The eastern part of the DRC has been particularly affected by war and has been labeled the 'rape capital of the world', where 93% of women are reported to be living with domestic violence. Their campaign highlights the increasing demand for coltan, a mineral used in mobile phones. Coltan mining in the DRC is unsustainable and is intrinsically linked with ongoing violence against women and girls.

To read the statement of demands and join the Million Women Rise movement, visit <www.millionwomenrise.com>.

Together we can end male violence against women and girls!

Article by Bonney Corbin on behalf of Million Women Rise
Photographs courtesy of Million Women Rise and Frederique Rapler

Violence through our eyes

Improving Access to Services for Women from non-English Speaking Backgrounds with Disability and Carers Experiencing Violence Project

DOMESTIC VIOLENCE AND WOMEN FROM NESB WITH DISABILITY

The numbers

Almost 20% of Australians experience disability (ABS, 2003). The prevalence of disability is slightly higher amongst women [at] 20.1% ... The data about people from NESB with disability is limited ...

Literature Review

Very little research has been conducted into violence against women from NESB with disability and carers ... [W]omen with disability experience all forms of violence including: physical, sexual, emotional and financial abuse. However, the nature and prevalence of this violence can vary significantly according to their situation. The available research suggests that women with disability experience a higher level of abuse than women without disability. Their impairments may be used by their abusers to increase their power and control and the woman's vulnerability and isolation (Cattalini,1993:2; Women's Aid Federation of England, 2008).

The nature of violence against women with disability

As a tool to incite fear and maintain control, violence against women with disability can take on many forms. For example, physical abuse may include taking away a woman's wheelchair, or bathing her in very hot or very cold water, or rearranging the physical environment which increases the risk of injury to the woman with disability (Jennings, 2003). Other forms of abuse specifically perpetrated against women with disability include physical/chemical restraint; over-prescribing of drugs; confinement; denial of services; blocked access to care; the threat of being institutionalised; withholding food, care and medication; denying access to information/education leading to increased vulnerability; control of reproduction and menstruation; and forced sterilisation and abortion (WWDA, 1998).

Violence against women with disability may be perpetrated not just by an intimate partner or spouse but by relatives; caregivers (paid and unpaid, male and female); co-patients/co-residents; residential and institutional staff; or other service providers.

Research indicates that, regardless of age, race, ethnicity, sexual orientation or class, women with disability are assaulted, raped and abused at a rate of at least two to twelve times greater than women without disability (WWDA, 1998). However, they are much less likely to access or receive assistance or services if they experience violence.

Power dynamics in relationships

... WWDA (1998) and Women's Aid Federation of England (2008) noted that women with disability can be practically, financially and/or emotionally dependent on their abuser/s. For some women, the assistance required to leave their carer/partner might not be available from other sources at short notice. Access to affordable and accessible transport and suitable accommodation are factors which limit women's support options. As a consequence, women often tolerate abuse, viewing it as their only option ... In addition, women with disability who have children fear that they will lose custody if authorities question their capability as the primary carers of their children ...

Culture, Disability and Violence

For women from NESB with disability, their experiences of violence are compounded by cultural assumptions and stereotypes regarding gender and disability. There are three assumptions among services providers about people from NESB with disability which need to be dispelled.

1. 'There are very few people from NESB with disability in Australia because they are not allowed into the country' – Despite restrictive immigration policies the prevalence of disability among people from NESB is comparable to the Anglo-Australian community.

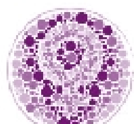
2. 'The experience of disability is the same in all cultures' – The way disability is experienced and understood vary greatly in different cultures although there is a high level of stigma associated with disability in all communities ...

3. 'People from NESB prefer to seek support within their community/extended family and refuse to receive services outside their community'. - The reality for many women from NESB with disability is that they and their families also face discrimination within their own communities ... [W]omen with disability are generally socially isolated, and have fewer contacts and support networks.

In the consultations with female carers from NESB throughout this project, many of the women stated that asking for support is seen as failing, not only in one's caring role but also in the family, the community and most importantly the person they are caring for. Other considerations such as language difficulties; family loyalty; the 'shame' of marriage breakdown; fear of being ostracised from the family and the community for disloyalty; mistrust of authorities or services; lack of familiarity with the Australian service system; and women's lack of knowledge of their rights under Australian law make it very difficult for women from NESB with disability to report violence and to access services or support.

When considering the issue of violence against women from NESB with disability, cultural values and religious beliefs can work against the recognition of violence. Women may be more vulnerable to violence if the beliefs and practices of a community are perceived to devalue and confine them to stereotyped roles. This may also occur if violence is seen as an acceptable part of a woman's life ...

This article is a compilation of short extracts from ***'Violence through our eyes: Improving Access to Services for Women from non-English Speaking Backgrounds with Disability Experiencing Violence' Project Report (2010).*** *Reproduced with permission of Multicultural Disability Advocacy Association of NSW (MDAA). QWHN highly recommends reading the full report (which includes relevant citations) at: <http://mdaa.org.au/service/systemic/topics/violence_through_our_eyes.doc>.*



GENDER MATTERS:
DETERMINING WOMEN'S HEALTH
7-10 MAY 2013 | SYDNEY

what's on?

Important Events, Conferences and Workshops

18–20 FEB 2013

1st NATIONAL RURAL WOMEN'S CONFERENCE — CANBERRA, ACT.
Learn. Share. Create. Celebrate!
Rural and regional women of Australia – block out 18-20 February 2013 in your diaries now for the inaugural National Rural Women's Conference. The 2013 National Rural Women's Conference will bring together women of all ages from every state of Australia to network, learn, share and play an active role in shaping their future.
FOR INFORMATION visit: http://www.nrwc.com.au/conferences/save-the-date-and-be-part-of-something-big/

7–10 APR 2013

12th NATIONAL RURAL HEALTH CONFERENCE — ADELAIDE, SA.
The 12th Conference will focus more than ever before on the positives: on the creativity, teamwork, resilience and sense of community that characterise so many rural and remote areas.
FOR INFORMATION visit: http://nrha.org.au/12nrhc/

15–16 APR 2013

PHAA NATIONAL SOCIAL INCLUSION AND COMPLEX NEEDS CONFERENCE — CANBERRA, ACT.
ABSTRACT SUBMISSION CLOSES 11 January 2013
The Public Health Association of Australia (PHAA) invites you to participate in the first Australian conference to showcase successful programs/approaches in addressing complex needs and social determinants of health – with the broader purpose of identifying what works and how.
FOR INFORMATION visit: http://www.phaa.net.au/Complex_Needs_Conference.php

7–10 MAY 2013

7th AUSTRALIAN WOMEN'S HEALTH CONFERENCE — SYDNEY, NSW.
Gender Matters — Determining Women's Health (EARLY REGISTRATION CLOSES 15 February 2013)
The 7th Australian Women's Conference will continue Australia's focus on showcasing cutting edge research and best practice approaches in women's health policy and practice locally, across Australia and internationally. 'Gender Matters: Determining Women's Health' promises to be vibrant and energising in every respect.
The Conference is relevant to: service providers, policy makers, managers, researchers, women's health, mental health, community health, social and community services, Aboriginal controlled services, migrant and refugee services, reproductive services, legal services, universities, disability services, allied health care, public health, educators, academics, local councils, Local Health Districts, Medicare Locals, Government, non-government and private sectors.
FOR INFORMATION visit: http://www.womenshealth2013.org.au

8–9 MAY 2013

2013 QUEENSLAND CENTRE FOR DOMESTIC & FAMILY VIOLENCE RESEARCH INDIGENOUS FORUM — MACKAY, QLD.
The 2013 Indigenous forum, organised by the Queensland Centre for Domestic and Family Violence Research (CDFVR) will look at Indigenous family violence issues; the theme will be set by the CDFVR Aboriginal and Torres Strait Islander Reference Group in the near future.
FOR INFORMATION Call: (07) 4940 7834 or Email: enquiries@noviolence.com.au

14–17 MAY 2013

ALZHEIMER'S AUSTRALIA 15th NATIONAL CONFERENCE — HOBART, TAS.
The Tiles of Life – Colouring the Future
The theme of the conference challenges participants to reflect on their experience of living with dementia and how to stretch their thinking about the condition, and how best we can care for people living with dementia. It's also an opportunity to look to the future and the critical role investment in dementia research can play in identifying the cause of dementia as well as helping to find a cure and developing new treatments.
FOR INFORMATION visit: http://www.alzheimers2013.com/

17–18 JUNE 2013

NATIONAL WORLD ELDER ABUSE AWARENESS DAY CONFERENCE 2013 — ADELAIDE, SA.
The Australian Elder Abuse Agenda: A multi-disciplinary approach
The Aged Rights Advocacy Service (ARAS) will host the second National Conference to observe World Elder Abuse Awareness Day in 2013. The Conference program will cover the latest developments in Elder Abuse Australia wide. International experts will present research relevant to the Australian agenda.
FOR INFORMATION Email: aras@agedrights.asn.au

women's health on the net

Hot Spots on the Internet for Women

VIOLENCE AGAINST WOMEN

www.violenceagainstwomenqld.com.au

The 'Violence Against Women: An Inconvenient Reality' Conference was held in Brisbane on 7–9 August 2012. This site provides a link to view conference papers and powerpoint presentations by leading experts including Keynote Speaker, Heather Nancarrow (see also Heather's article on pp. 2–3 of this edition of *QWHN News*), and our QWHN Chairperson Dr Betty McLellan, plus a host of others. Topics include: 'Supporting Women in Remote and Rural Areas'; 'Criminalising the Vulnerable in International Child Abduction'; 'Putting Men and Patriarchy Back in the Frame'.

NORTH QUEENSLAND DOMESTIC VIOLENCE RESOURCE SERVICE

www.nqdvrs.org.au

NQDVRS conducts a service in the North Queensland region (via offices in Townsville and Mount Isa) which provides direct support services, community education, training for service providers and co-ordination of domestic and family violence responses, that actively promotes and enhances the safety of those involved in domestic and family violence. The website provides useful links to resources, and a list of domestic violence services and other relevant contacts throughout the state.

Unplanned pregnancy and domestic violence

the cost of reproductive justice

In Queensland where abortion remains in the criminal code, most women who wish to end their pregnancies are forced to rely on fee-for-service private clinics. For Queensland women facing unplanned pregnancy as a result of reproductive control, the financial cost and emotional stigma creates much additional hardship.

The relationship between domestic violence and reproductive control is well established with women experiencing intimate partner violence being two to three times more likely to have an unplanned pregnancy than women living without violence. Coercion in relation to contraception and pregnancy includes a range of male partner behaviours, including:

- Sabotaging women's contraceptive use
- Forced sex
- Refusal to use condoms
- Threatened consequences if women use birth control
- Preventing women from obtaining birth control
- Pressure to carry a pregnancy to full term
- Preventing a woman from accessing an abortion.

"He would flush my pills down the toilet and force me to have sex with him."

"We were using condoms but they seemed to break all the time."

"He pestered me for sex for hours and then when I finally agreed he said he had no condom. I just gave in."

"He had offered me money to end the pregnancy several times, but each time I asked him to make good on his promise he said 'next week'."

Children by Choice provides information, counselling and referrals to women across Queensland experiencing unplanned pregnancy. In 2011–2012, 14% of the 2,584 contacts received by Children by Choice identified domestic or sexual violence as an issue. These women were over represented (25%) in women applying to Children by Choice for financial assistance.

Women facing an unplanned pregnancy whilst remaining with the coercive partner experience a compromised decision-making space. When women leave an abusive partner, reproductive health issues often become secondary to the more immediate concerns. Not surprisingly then, women contacting Children by Choice who identified domestic violence as being an issue in relation to their pregnancy were over-represented in the groups of women presenting for support to end a pregnancy between 12 to 16 weeks gestation, and significantly over-represented in the groups of women between 16 to 20 weeks of gestation. These trends are paralleled in other research both nationally and internationally, and result in greater need for financial support given the higher cost for their procedures and the often significant travel to attend a suitable clinic.

Whilst abortion remains in the criminal code in Queensland women subjected to reproductive coercion will continue to meet barriers to reproductive justice. In the words of Jill Morrison, "if you care about Intimate Partner Violence, you should care about Reproductive Justice because a woman's reproductive capacity can be used by her abuser to assert further control as a component of all possible forms of abuse — sexual, physical, emotional and economic" (Morrison 2011, p. 10).

For more information contact:

Children by Choice
1800 177 725
advocacy@childrenbychoice.org.au

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snapshot

NATIONAL WOMEN'S HEALTH POLICY

"By 2005 the proportion of older women reporting physical violence in the past 12 months had increased to 25 per cent. Elder abuse is a complex issue that occurs in institutions, as well as in homes ... Approximately 2–3 per cent of Australian women in their early 70s experience physical abuse, and 3–8 per cent experience psychological abuse (p. 67)."

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.

Study checks link between **antidepressants and sexual difficulties**

Women who have been taking SSRI antidepressants and women who have been experiencing sexual difficulties are being sought for a confidential interview with a sexuality researcher based in Queensland.

CQUniversity academic Cathy O'Mullan is doing the interviews as part of her PhD with Curtin University and would like to hear from Queensland women willing to be interviewed about their experiences.

Ms O'Mullan is hoping to interview:

- Queensland-based females under 40 years old who have been taking SSRI medication for longer than three months.
- Females who self describe as experiencing sexual difficulties that are believed to be attributable to the SSRI medication.
- Females who are experiencing sexual difficulties that are causing problems or distress to the female/her partner or both.

If you are eligible for this study and willing to be interviewed about your experiences of coping with the sexual side effects of this medication, please contact Cathy O'Mullan (07 4150 7153) or send an email to c.omullan@cqu.edu.au for more information.

"Selective Serotonin Reuptake Inhibitors (SSRIs) are a particular type of antidepressant and are effectively used to treat depression and anxiety disorders – examples include Prozac, Aropax and Zoloft. SSRI medication is widely used as a treatment for mental disorders such as depression, anxiety and obsessive compulsive disorders in Australia and worldwide," Ms O'Mullan says.

"It has become clear, however, that SSRIs can have sexual side effects (in particular, decreased libido and orgasm problems). If side effects are ignored, this can affect a person's self esteem and quality of life and have a negative impact on their relationship. Sexual side effects can sometimes cause women to discontinue with their medication and ultimately affect treatment outcomes for patients."

Ms O'Mullan has just returned from the National Australian Sexologist Conference in Melbourne where she presented details about her research project, receiving overwhelming feedback about the importance of this research.

"Although research has been conducted on the types of sexual side effects, and how to manage and treat the side effects for example, little is known about what it is like to experience sexual difficulties and how women live with and manage the sexual difficulties that are often associated with this medication," she says.

"It is hoped that the study results will provide useful information for practitioners with female clients who express concerns about the sexual difficulties experienced whilst taking SSRI medication."

CQUniversity academic Cathy O'Mullan is seeking to interview women about experiences of coping with the sexual side effects of SSRI antidepressant medication.

Article and photo provided by CQUniversity

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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.

If you have something to say please contact Maree Hawken on (07) 4789 0665 or email us at: coordinator@qwhn.asn.au

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OUR NEXT NEWSLETTER

will examine women's health issues on the topic of

HEALTHY AGEING

DOES YOUR ORGANISATION HAVE EXPERTISE IN THIS AREA?

OR ARE YOU A WOMAN WITH KNOWLEDGE / EXPERIENCE ON THIS TOPIC?

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