

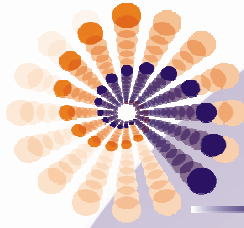


Points of Departure

ADVOCACY TOOLKIT FOR IMMIGRANT & REFUGEE WOMEN



Multicultural
Centre for
Women's Health



Points of Departure



Multicultural
Centre for

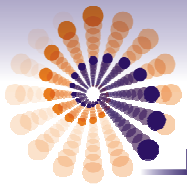
Women's Health

Putting Immigrant & Refugee Women's Health First

‘Points of Departure’: AN ADVOCACY TOOLKIT FOR IMMIGRANT AND REFUGEE WOMEN

March 2010

© Multicultural Centre for Women's Health



This Advocacy Toolkit was prepared by the Multicultural Centre for Women's Health with funding from the Federal Office for the Status of Women.

The Multicultural Centre for Women's Health (MCWH) is a community-based organisation committed to improving the health and wellbeing of immigrant women, including refugees and asylum seekers, around Australia. Providing expertise in multilingual health education, advocacy, training, research, and with specific expertise in sexual, reproductive, occupational and mental health, the organisation is run by women from immigrant and refugee backgrounds.

Suggested citation:

Gwahirisa, P. (2010). 'Points of Departure': An Advocacy Toolkit for Immigrant and Refugee Women. Melbourne: Multicultural Centre for Women's Health.

Author for correspondence:

Pauline Gwahirisa PhD
Project Manager
Multicultural Centre for Women's Health
Suite 207, Level 2, Carrington Building
134 Cambridge Street
Collingwood,
Victoria 3066
Australia
Ph: 03 9418 0915; 9418 0999
Fax: 03 9417 7877
Email: pauline@mcwh.com.au
Website: www.mcwh.com.au

© 2010 Multicultural Centre for Women's Health





FOREWORD

"There are no arrivals anywhere, there are only points of departure"

- Simone de Beauvoir

The Points of Departure (POD) project seeks to build capacity for NGOs and individuals to advocate on national issues relevant to immigrant and refugee women. This is an extremely welcome harbinger of change. Following more than a decade of inaction at the national level, advocacy for immigrant and refugee women's issues is long overdue. As a result, our capacity to conduct effective advocacy has been diminished at the same time that immigrant and refugee women continue to be deprived of social equality. The POD Project heralds a critical change in bringing issues relevant to immigrant and refugee women to the political fore and will strengthen the capacity of NGOs and individuals to advocate effectively on these issues.

Simone de Beauvoir has pointed out through her comments quoted above, that women's lives are marked by change. Similarly, advocacy is a constantly changing practice. We are working within complex and dynamic political and social environments. This is why it is so important that we build on current knowledge and create new and up to date understandings of where we are in our advocacy journeys. The POD Project, in the development of the Toolkit, has presented such an understanding – a point of departure– a solid foundation of shared understanding about what those pressing issues are and how best to create political change around those issues. This point of departure is well articulated in the POD Toolkit, which I am sure will provide a solid basis for our advocacy strategies.

The development of the POD Toolkit has harnessed the passionate energy of stakeholders around Australia who have generously brought together their expertise, experience and knowledge about immigrant and refugee women's issues.





"There are no arrivals anywhere, there are only points of departure" (Simone de Beauvoir)

Points of Departure

I am confident that all future readers and users of the POD Toolkit will see and benefit from that passion, energy, expertise and wisdom . It is an excellent example of the power of the people – of how much we can achieve when we coordinate our efforts. The POD Toolkit will be used to work toward positive change for immigrant and refugee women and I look forward to sharing the many success stories that will flow from its use.

Dr. Adele Murdolo

Executive Director





ACKNOWLEDGEMENTS

The Multicultural Centre for Women's Health (MCWH) would like to thank all the Migrant Resource Centres (MRCs), non government organisations (NGOs), and individuals who contributed in many different ways to the development of this Toolkit.

The POD project was guided by a dedicated Expert Advisory Committee (EAC) which provided expertise on different areas impacting on immigrant and refugee women's health and wellbeing (see appendix 3). Due to the project's national focus, the EAC was carefully constituted to ensure a good representation of challenges facing immigrant and refugee women in each State and Territory. Many thanks to all the EAC members for making time to participate in the numerous teleconferences. Special thanks to the Immigrant Women's Support Service for sharing resources and insights from several years of working with immigrant and refugee women.

This Toolkit could not have come to fruition without input from the several stakeholders across Australia who devoted their invaluable time and effort to reading project related documents and providing timely feedback. Special thanks to all stakeholders who read our Discussion Paper and sent in their comments. The 87 participants at our national forum and videoconferences in April 2009 made big sacrifices to be present in order to further deliberate on issues affecting immigrant and refugee women raised in the Discussion Paper. Many other individuals expressed their interest in the project in many different ways. For this we are truly grateful.

We are greatly indebted to the Hon. Tanya Plibersek, Federal Minister for the Status of Women, for her support throughout the life of the project, and specifically at the Points of Departure National Forum in April 2009. Her support gave much visibility to issues affecting immigrant and refugee women, while affording these issues the political commitment that is so needed to adequately address them.

It is not possible to mention everyone by name, but we are most grateful to everyone who has contributed to the successful completion of this project.





FOREWORD	3
ACKNOWLEDGEMENTS	5
SECTION A: ABOUT THE ADVOCACY TOOLKIT	9
Background.....	9
The 'Points of Departure' project	9
Why an Advocacy Toolkit for immigrant and refugee women.....	10
Organisation of the Toolkit.....	12
Who is this Toolkit for?	12
How to use the Toolkit.....	12
Human rights and advocacy.....	14
A human rights based approach to advocacy	14
Protection of human rights in Australia	15
Relevance of a human rights approach to organisations.	16
Practical application of a human rights approach.....	17
Advocacy at the different tiers of government.....	18
SECTION B: WHAT IS ADVOCACY?	21
Definition	21
Who/what is an advocate?	21
With whom do you do advocacy work?.....	21
How to do advocacy	22
Writing letters	23
Writing submissions	25
SECTION C: PRACTICAL ISSUES FOR ADVOCACY	29
The Toolkit Framework.....	29
Social and economic wellbeing of immigrant and refugee women.....	30
Social inclusion.....	30
Social participation and disability	33
Labor force participation	35
Discrimination and racism.....	39
What is discrimination?.....	39
Where does discrimination occur?.....	39





Anti-discrimination legislation	41
Access to services.....	43
Systemic barriers.....	43
Sexual and reproductive health services.....	45
Barriers to access.....	45
Violence against women	49
What is domestic or family violence?.....	49
The different facets of abuse	49
What support is available?	53
Focus on prevention.....	54
Data collection and management	56
Lack of data.....	56
Data coordination	56
Data accessibility.....	57
Advocacy Toolkits	58
References	59
APPENDICES	62
APPENDIX 1: Sample of a letter to the Member of Parliament.....	62
APPENDIX 2: Example of Best Practice – the Queensland experience.....	63
APPENDIX 3: Details of Expert Advisory Committee.....	67





LIST OF ACRONYMS

AMEP	Adult Migrant English Program
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant of Economic, Social and Cultural Rights
IWWS	Immigrant Women's Support Service
CEDAW	Convention on the Elimination all forms of Discrimination Against Women
DIAC	Department of Immigration and Citizenship
EAC	Expert Advisory Committee
ECCWA	Ethnic Communities' Council of Western Australia
GP	General Practitioner
LGA	Local Government Area
MCWH	Multicultural Centre for Women's Health
MP	Member of Parliament
MRC	Migrant Resource Centre
NESB	Non-English Speaking Background
NGO	Non-government Organisation
POD	Points of Departure
QAIWG	Queensland Accredited Interpreter Working Group
UN	United Nations





SECTION A: ABOUT THE ADVOCACY TOOLKIT

Background

The 'Points of Departure' project

Immigrant and refugee women's lives are marked by constant change: an 'arrival' is also a point of departure in their lives.

The development of the Toolkit is one of the major milestones for a national advocacy project conducted by the MCWH between September 2008 and March 2010. The project, entitled 'Points of Departure' sought to build the capacity of NGOs and individuals across Australia in their advocacy work.

A Discussion Paper mapping key issues affecting immigrant and refugee women was developed in consultation with an expert advisory committee established to provide expertise on the project. The Discussion Paper (available on the MCWH website <http://www.mcwh.com.au>), was circulated to key stakeholders across Australia for their comments.

Stakeholders who had read the paper were invited to participate at a national forum, to further discuss issues raised in the paper, and to suggest key social inclusion indicators to be addressed in the Advocacy Toolkit.

This Toolkit is therefore a product of a rigorous review of literature, contributions from women with expertise in different areas of relevance to immigrant and refugee women, wide consultation with key stakeholders and anecdotal evidence from stories shared by women. In all cases in this Toolkit, 'women' refers to immigrant and refugee women, unless otherwise specified.





Why an Advocacy Toolkit for immigrant and refugee women

Women from non-English speaking backgrounds born overseas, or with one or both parents born overseas, comprise a significant proportion of the total Australian female population, contributing to and enriching Australian society in different ways. In spite of this, women from these backgrounds continue to face multiple disadvantages and challenges. Immigrant and refugee women from both established and emerging communities face a myriad of challenges upon arrival in Australia and for many years following their arrival.

Immigrant and refugee women experience systemic disadvantage, due to the shortcomings of some government policies in a range of areas including immigration, violence against women, and health policies among others. Women are further disadvantaged due to structural limitations in accessing basic social services.

Challenges faced by immigrant and refugee women are largely attributable to their gender, ethnicity and cultural diversity. These disadvantages manifest in different forms, such as low labour force participation, difficulty in negotiating the health care system, poor access to services, and discrimination in different spheres of life, among others.

Some of the challenges faced emanate from low English language proficiency in the context of monolingual health, employment, education and welfare systems; lack of cultural competence of service providers; and challenges in finding a balance between their own worldview and the knowledge systems of the host country.

These disadvantages have contributed to the exclusion of migrants from active participation in all spheres of life. The social exclusion of immigrant and refugee women has negative consequences on general health and wellbeing, and more specifically on mental health outcomes.





However, research on these issues is scanty, out of date and limited. The MCWH has, through production of numerous resources, tried to narrow this gap in knowledge. These resources include the POD Discussion Paper and the MCWH Submission National Women's Health Policy Submission. These and other resources are available on the MCWH website which is updated regularly. The main purpose of this Toolkit is to provide information on key areas for advocacy for immigrant and refugee women.

Immigrant and refugee women are poorly represented at the national level – they make up a very small number in our national parliament. Similarly, immigrant and refugee women, and their specific issues, are not adequately represented within ethnic community-based and mainstream women's advocacy organisations. This Toolkit aims to build the capacity of NGOs and individuals to conduct national advocacy and improve the representation of immigrant and refugee women, and their main issues, at the national level.

Key Facts: Population Statistics

- In 2006, 4,416,029 (22%) of people in Australia were born overseas.
- 2,740,709 (13.8%) of these were born in a non-main English Speaking Country.
- 1,586,390 (8%) of people who were born in Australia had both parents born overseas; 10.4% had one parent born overseas.
- 561,414 (2.8%) either did not speak English well or not at all

Source: Department of Immigration and Citizenship (2008). The People of Australia: Statistics from the 2006 Census. Commonwealth of Australia.





Organisation of the Toolkit

This Toolkit is organised in three sections.

1. **Section A:** *Background* to the development of the Toolkit.
2. **Section B:** *Advocacy* – this section is concerned with defining advocacy and providing tips on how to advocate successfully.
3. **Section C:** *Key issues for advocacy* – this section highlights practical challenges faced by immigrant and refugee women, with a view to informing NGOs and other advocates working with immigrant and refugee women on the key issues for advocacy. Case studies are cited as evidence to support the occurrence of these challenges and to stress the relevance of advocacy. The human rights and women's empowerment framework within which the Toolkit is developed is discussed in this section. In all case studies, pseudonyms are used to protect the identity of the women.

Who is this Toolkit for?

This Advocacy Toolkit was developed to provide NGOs with information that will assist them in their advocacy work with immigrant and refugee women. In addition, the Toolkit is designed to empower immigrant and refugee women with knowledge on information pertaining to the challenges they face, and with advocacy skills so that they can advocate on their own behalf.

The Toolkit is to be used by service organisations as a guide in training, but also as a resource for general information for academics, policy makers, and the general public.

How to use the Toolkit

This Toolkit is meant as a guide only. It contains evidence-based information on the challenges faced by immigrant and refugee women, and the key strategies to be employed when doing advocacy.





Advocates and other interested parties need to note the different levels at which advocacy should occur. Some issues will require advocacy at State or Territory level, while others may require Federal level advocacy. In addition to highlighting the key issues for advocacy, the Toolkit provides information on the types of legislation in place, while also suggesting the course to take in presenting a case. This Toolkit is intended to be used along with the references to relevant resources provided herein.



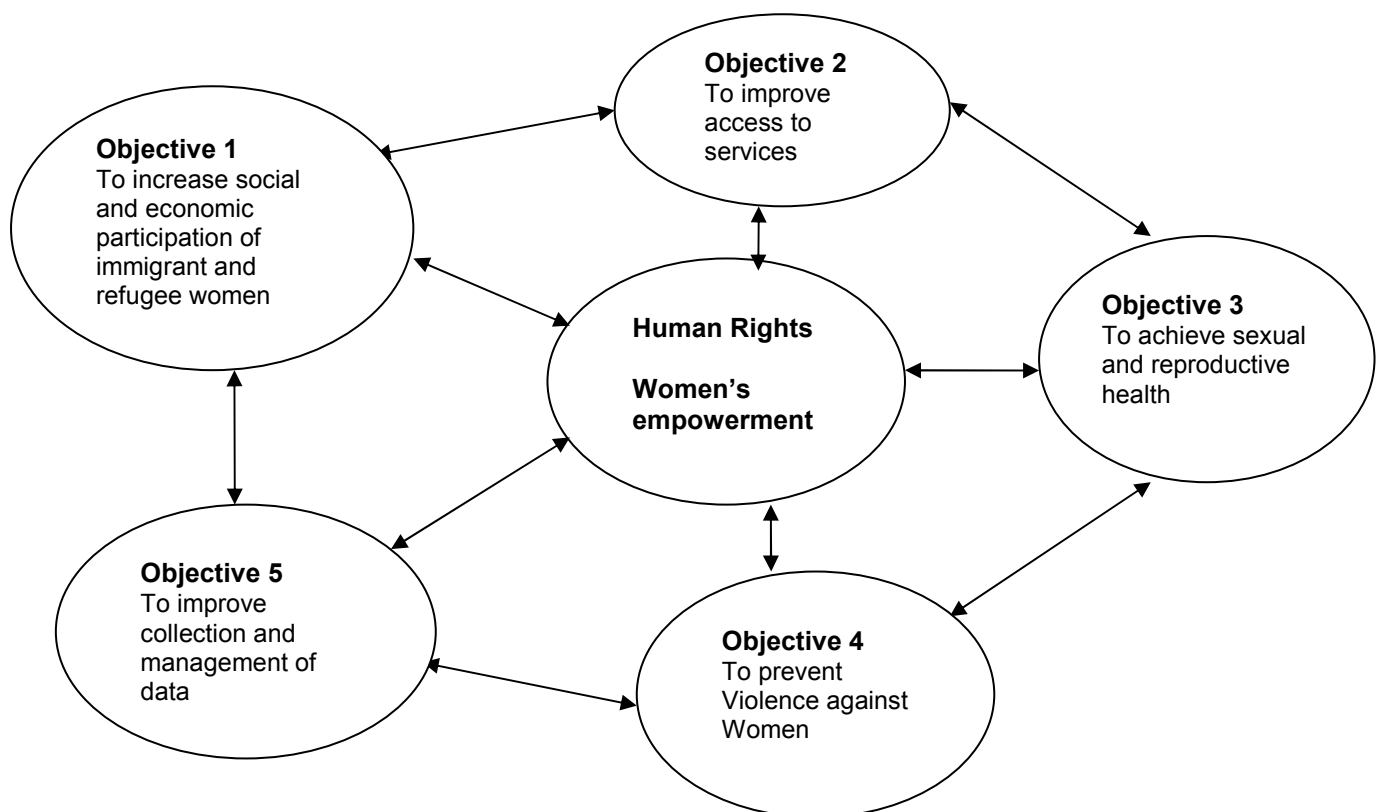


Human rights and advocacy

A human rights based approach to advocacy

This Toolkit is informed by a human rights and women's empowerment model, as illustrated in Figure 1 below:

Figure 1: The Toolkit Framework



Human rights are the principles that enable us to live a dignified and rewarding life in which our freedoms are respected, protected and fulfilled.

Addressing women's issues from this perspective recognises that the basic right to health is an inclusive right which encompasses the social determinants of health





including gender, literacy level, and economic status, all of which impact on immigrant and refugee women's health and wellbeing.

Women experience exclusion and systemic discrimination in many spheres of life, including access to services, housing, and employment. These challenges revolve around social justice and social equity, making it mandatory for organisations to advance a human rights based approach in their work.

A human rights based approach focuses on the structural causes of these challenges and their manifestations, which in turn informs the type of advocacy line to pursue.

The challenges faced by immigrant and refugee women need to be understood from a holistic perspective including civil, political, social, economic and cultural factors. Social exclusion impinges on one's dignity, thus running against basic universal benchmarks and minimum standards. It is therefore a moral and ethical obligation of organisations to adopt a human rights based approach to advocacy in their work, in order to effectively address these issues. The work of most organisations working with immigrant and refugee populations is by and large underpinned by human rights principles, owing to the objectives of many to address issues around social equity and social justice.

Protection of human rights in Australia

Australia is the only liberal democracy in the world that does not have a constitutional bill of rights, charter, or human rights act. While Australian law does protect some human rights, the repeated call for a bill of rights speaks of the shortcomings of existing human rights legislation, and of Australia's human rights record.





Sources of human rights

In the absence of a Federal charter, the primary source of human rights in Australia includes the following:

- ***The national constitution and Common law.*** The constitution protects people's rights by prescribing what powers the various government agencies can exercise and which ones they can not. The Australian constitution has been criticised for having very few human rights protections in it, compared to other national constitutions.
- ***Legislation passed at federal and state level:*** A number of State governments have enacted or are in the process of enacting human rights legislation. These are the Victorian Charter of Human Rights and Responsibilities introduced in 2008, and the Australian Capital Territory Human Rights Act of 2004. Inquiries have been commissioned in other States and Territories. This demonstrates an overwhelming support for legislation, and specifically support for a human rights framework.
- ***International law:*** To ensure that social issues leading to inequality are addressed from a human rights perspective, Australia has ratified a number of international Covenants including the International Covenant on Civil and Political Rights (ICCPR), and International Covenant of Economic, Social and Cultural Rights (ICESCR), and the Convention on the Elimination all forms of Discrimination Against Women (CEDAW).

Relevance of a human rights approach to organisations.

A human rights based approach will ensure, among other things, a clear focus on rights, and not charity. This means that women can actively participate in setting their own agenda, while taking action to address issues affecting them.

A human rights based approach also encourages organisations to identify stakeholders within its spheres of influence, which may be useful for advocacy and





lobbying on a particular issue. In addition, the approach enables organisations to assess the extent to which the organisation's practice currently meets, or needs to improve in relation to key human rights principles namely participation, accountability, non-discrimination, empowerment and linkages with human rights standards.

Practical application of a human rights approach

Shadow reports are one practical way in which organisations can apply a human rights approach to their advocacy work. Through shadow reports, NGOs can present or supplement alternative information to the periodic government reports that State parties are required submit under UN treaties. It is essential to engage NGOs in the process of writing shadow reports as NGOs provide both reliable information to UN committees on issues such as violence against women, which may be overlooked in official reports. Shadow reports are an opportunity for NGOs to present an understanding of what actions governments have taken to implement certain treaties.

Tips for NGOs writing shadow reports

- There is no single format for shadow reports, but the report should generally:
 - Be organised according to the articles of the particular treaty. For instance, shadow reports on the Convention on the Elimination on all forms of Discrimination Against Women (CEDAW) should be produced following the articles of that treaty.
 - Should analyse a particular problem rather than merely describe it.
- NGOs can work in coalitions to create shadow reports, with various NGOs focusing on their areas of expertise, for example violence against women.
- Working in coalitions ensures that treaty monitoring bodies get a more comprehensive view of the situation of women in a country.
- Advocates may find it useful to review shadow reports by other NGOs advocating on the same issue.

(For more information on shadow reports please visit [www.stopvaw.org/A Note About Shadow Reports](http://www.stopvaw.org/A_Note_About_Shadow_Reports). Also visit <http://home.vicnet.net.au/wrana>).





Advocacy at the different tiers of government

Immigrant and refugee women are likely to notice a significant difference between the Australian government system and the government systems in their countries of origin. An understanding of government structures will help in deciding the level at which advocacy around a particular issue will occur.

In Australia, the three tiers of government and their functions are as follows:

- **The Federal or Commonwealth government** decides on matters which affect the whole country. These include immigration, education policy, national health policy, industrial relations, foreign affairs, defence, and trade and communication services.
- **The State government** is responsible for services such as education, health, police, railway, main roads and public housing.
- **Local government** is the third and lowest tier. An individual local government is called a council. Each local government area (LGA) is governed by its own local council which controls services such as garbage collection, local roads, buildings, parks, libraries, child care, youth services and many other residential services.

The decision on which government department to approach with an issue largely depends on what issue it is. For instance, a woman having trouble with policy-related education issues at her child's school, or immigration-related issues, could present her issues to her local federal MP. On the other hand, the lack of childcare places is a state and local issue and may be addressed by a local council member and/or a state member of parliament.

There are some overlaps between issues addressed by federal government and those addressed by state/territory governments. For example, violence against women is both a state and federal responsibility. The federal government, through the Office for Women, develops policy and conducts research about violence against women. State and territory governments are also responsible for state/territory-based





policy and research, as well as for criminal-justice issues and support services for women experiencing family violence.

This Toolkit focuses on advocacy at the national level. Before you conduct advocacy, it is important to know who your local federal MP is, and the ministers who are responsible for the matter you wish to advocate about are.

Below is a list of current Ministers whose portfolios are relevant to issues affecting immigrant and refugee women identified in our Discussion Paper.

Minister

Portfolio

Hon. Julia Gillard
(Deputy Prime Minister)

Minister for Education
Minister for Employment and Workplace
Relations
Minister for Social Inclusion

Hon. Chris Evans, MP

Minister for Immigration and Citizenship

Hon. Nicola Roxon, MP

Minister for Health and Ageing

Hon. Jenny Macklin

Minister for Families, Housing, Community
Services and Indigenous Affairs

Hon. Tanya Plibersek

Minister for Housing
Minister for the Status of Women

Senator the Hon. Mark Abib

Minister for Employment Participation
Minister Assisting the Prime Minister for
Government Service Delivery

(N.B. Please note that this information was correct at the time of writing in February 2010.)





Where to get information on the Parliament¹

To find out whom your local MP is, or to find out more about the structure of the Australian parliament, please visit www.aph.gov.au/. Electoral information is also found on the Australian Electoral Commission (AEC) website www.apps.aec.gov.au/esearch. This website provides information on:

- Who your local member of parliament is
- Which federal electorate you live in
- A profile and map of your federal electorate

Some resources, such as **About The House** magazine, are meant to provide information on issues being investigated by House of Representatives and Joint Committees of parliament at any given time. It is important that NGOs subscribe to such magazines. It is an effective way of following up and contribute on the debate around your issue of advocacy. To subscribe to **About The House** magazine free-call 1 800 139 299.

¹ Information on the Parliament of Australia is updated regularly.





SECTION B: WHAT IS ADVOCACY?

Definition

Advocacy is the act of arguing on behalf of a particular issue, idea, or person (Wikipedia).

Advocacy is a catch-all word for the set of skills used to create a shift in public opinion and mobilize the necessary resources and forces to support an issues, policy or constituency. Advocacy seeks to increase the power of people and groups to make institutions more responsive to human needs (Wallack 1993).

Who/what is an advocate?

Anyone can be an advocate. You are an advocate when you speak in favour of an issue. There are two main types of advocacy namely individual and collective advocacy.

- **Individual advocacy:** An individual can be a self-advocate when the issues are specific to that individual.
- **Collective advocacy:** Issues might involve an entire community, groups such as organizations, businesses and government. Where advocacy involves these groups, it is known as collective or systematic advocacy.

With whom do you do advocacy work?

- Government agencies
- Provincial government
- Local government
- Business
- Schools
- Churches
- Other institutions with power and influence





How to do advocacy

Those who have been involved in advocacy campaigns in one way or the other will agree that the key to successful advocacy is in speaking with one voice. This section of the Toolkit provides tips on successful advocacy.

What you need to start a campaign

- You need be comfortable with the stated issue.
- Get information (data, evidence, community input) about the issue.
- Get support from other people and groups who sympathise with your cause.
- The more people there are to support your issue, the better the outcome.
- State the issue in a way that makes lobbying possible.
- Select a goal and work towards that goal.

Making your issue known

- Talk to people you meet at conferences, roundtables, workshops and meetings.
- Talk about your group and let people know what you do.
- Listen to others talk about their groups, organizations and agencies.
- Volunteer to participate in committees and working groups.
- Partner with other groups to help with their advocacy efforts.

Notes on this section inspired by HORIZONS Community Development Associates Inc. Visit www.horizonscda.ca for more tips on how to do advocacy.





Writing letters

One effective and commonly used way of getting an advocacy message across is by letter writing. Depending on the issue, letters can be written to politicians, and in particular your local member of parliament. Letters could also be written for publication in newspapers. It is advisable to decide on whom to address the letter, as this determines the tone and language to be used. The following hints could be used as a guide in writing.

Tips on writing to a newspaper

- Read other letters in the Editor's section of the paper to get a sense of sort of letters they print.
- Get a few people who share your concern and write the letter together.
- Encourage your friends to write their own letters on the same issue for greater impact.
- Mention your organisation and gain the support of others. The more organisations there are that support your cause, the greater the impact your letter will make.
- Keep your letter short but to the point (about 200 words).
- Do not be too wordy, rather use short sentences.
- If the issue is about government policy, refer to the minister or department.
- Include your contact details, that is, your address, daytime phone number, mobile number, email address, fax number.
- You can either fax or email your letter. When emailing, do not send the letter as an attachment; rather, include it with the substance of the email.
- You can call the respective newspaper to check if your letter has been received.





Tips on writing to politicians

Politicians have a responsibility to act on behalf of the public, and so they have to know what is important to the public. Tell them your story, politicians love citing genuine stories in their speeches. You can write to your local MP, who in turn will contact the Minister on your behalf. You therefore need to know who your local MP is. You can also write to the Minister. Often Ministers assign their advisors to read letters, who then summarize the main points for the Minister to read.

- As with other forms of advocacy, being polite is very important. Governments do not respond to abusive letters.
- The tone of the letter is set in the opening. Letters to the Minister opens with '*Dear Sir*'; or '*Dear Madam*'. It is important to know the gender of the Minister to avoid the '*Dear Sir/Madam*' opening.
- Address your local member by name e.g. Dear Mr. Smith. You can also use Dear Sir or Dear Madam.
- Be brief. Shorter letters are more likely to be read.
- Ensure your facts are correct.
- For your letter to be valid, you need to identify yourself. Write your name and address clearly on the letter itself.
- If you do not have a computer to type your letter, or printer to print it out, you can handwrite your letter.
- If you have prior experience with the issue from your home country mention this in your letter.
- Always request a response for your letter.
- To sign off your letter, use '*Yours truly*' or '*Yours sincerely*.'





Writing submissions

Submissions can be written for different purposes, for example legislative change, applying for funding, or seeking support from your local MP. Depending on your organisation and your campaign issue(s), submissions can be written either to state/territory or federal government departments.

Tips on writing a submission

As part of your preliminary work:

- Plan towards a deadline. Government does not always give sufficient notice for submission of proposals.
- Have a good monitoring system in your NGO, for example, have someone who looks up submissions regularly or browse the government website for any submissions.
- Consult or collaborate with like-minded NGOs at an early stage. Get a sense of what other organisations are saying. Some might have already done this so they can share their draft. Active consultation gives you a better sense of the issues.
- At times NGOs do not have the internal expertise to produce a submission and may therefore combine efforts with other organisations, depending on the issues.
- For some it's a matter of numbers – the more there are the better the outcome
- Write down the idea the moment it comes to mind so you do not lose it.
- Attend briefing sessions on the subject and collect information.
- Do a literature search on your particular issue.
- Convene discussions with people who use your services and do primary research.





How to write your submission

- Write it in a way that suits you.
- Some people prefer to sit down and write, others want to write in bed as ideas come. Usually it is what works for you best.
- Use a template for letters so that all you have to think of are the words to fit into the template.
- You may need a cover sheet, logo and related material.
- Address the themes in order. If there is a paper or bill you are responding to explain why you are skipping other questions.
- Do not talk about what you do not know. You do not have to address everything
- If it is a large submission, have headings or sub-headings and a table of contents.

Why are you writing?

- In a submission for law reform, bear in mind the reason you are writing is to advocate on behalf of your clients or the community, in other words it is advocacy for broader change so you are writing to clarify, explain, support and persuade.
- You can use powerful language in a submission provided you do it appropriately.
- Use case studies, anecdotes and quotes.
- A general philosophical position does not help much. Back up your submission with your experience or research in your NGO.

How to authorize your argument

- Refer to previous submissions from other organisations that support your argument.
- References to academic reports need to be footnoted for early access by the reader.
- Use grey literature. This is documentation which an NGO may have but is not well referenced. Normally this goes into the appendix section.
- Include good or positive things in your submission. Usually this fosters closer relationships, promotes dialogue and ensures better outcomes. This strategy gets government to listen.





Remember, you are not the only one writing

- So many organisations are involved in preparing submissions. Government receives thousands of submissions from NGOs.
- If you are advocating for legislative change at the national level, you need to understand how legislation begins. Get savvy about national law reform processes. You can obtain the legislative process handbook from the Office of the Parliamentary Council.
- Watch Bills being debated on your computer on the web and see how submissions are translated into parliamentary debate.
- Use a "Bill Tracking" search engine. You can subscribe to a relevant library.
- Keep to terms of reference and if you do not stick to the terms of reference, explain why not.
- Do not repeat the questions.
- Do not write a thesis.
- Put in your evidence.
- Anticipate that people are likely to counter your arguments so be prepared to respond to counter arguments.
- Make clear recommendations.

Finishing writing

- Adopt a professional style and presentation.
- Leave your submission for a few hours then get back to it for final editing. Give it to someone else to read. An open and fresh mind may pick up things you would have missed.
- Someone from outside the organisation can proof read and correct your submission.





What next?

- Ensure your contact details are included to allow for follow ups and further correspondence; date your submission; number the pages and all recommendations sequentially.
- Disseminate your submission in a required format. If disseminating by e-mail, remember to format your write up to PDF. You can use CuteWriter to turn documents into PDF. This is a free program which can be downloaded from the internet.
- Some organisations have particular requirements for submissions. If so, follow these.
- Make submissions publicly available. If it is a substantial report, think of launching it. Follow it up and see if your organisation's views are being quoted.

Visiting your MP

Some people may find writing a letter to an MP a daunting task, and may prefer to pay a visit instead. It is possible to ring your MP to make an appointment for a meeting. If language is an issue, you may consider enlisting the support of an interpreter so that you get your message across more effectively.

Tips on writing submissions were obtained from a presentation by Chris Amore, Policy Officer with the Federation of Community Legal Centres at a Victorian Council of Social Service (VCOSS) Clearinghouse advocacy training held in Melbourne on 10 March 2009.

For information to support your submission, see the Points of Departure Discussion Paper on the MCWH website www.mcwh.com.au.





SECTION C: PRACTICAL ISSUES FOR ADVOCACY

The Toolkit Framework

This Toolkit specifically addresses five key objectives on how the social inclusion of immigrant and refugee women could be achieved, as illustrated in Table 1 below.

Table 1: Social inclusion indicators for set objectives

Objective	Social inclusion indicators
1. To increase the social and economic wellbeing of Immigrant and Refugee women	<ul style="list-style-type: none"> • increased social participation • increased labour force participation • increased representation levels • reduced discrimination
2. To improve access to services	<ul style="list-style-type: none"> • improved access to housing, transport and other settlement-related services • improved cultural competence • improved interpreter services • increased multilingual information • reduced discrimination
3. To achieve sexual and reproductive health	<ul style="list-style-type: none"> • increased age-specific and culturally appropriate services (young women, mid-life women, older immigrant and refugee women) • improve cultural competence
4. To reduce violence against women	<ul style="list-style-type: none"> • improved access to information • improve cultural competence
5. To improve collection and management of data on health of immigrant and refugee women	<ul style="list-style-type: none"> • improved data management • increased coordination among service providers • increased investment in data on immigrant and refugee women's health





Social and economic wellbeing of immigrant and refugee women

Social inclusion

Language barriers

People whose first language is not English face challenges in participating in some social activities. This in turn dictates the amount of support one can anticipate in times of need. In 2006, almost one in seven people born in countries other than Australia or main English speaking countries reported that they had no source of support during a time of crisis (ABS 2008). Language barrier often leads to discrimination resulting in social isolation.

Whom to Lobby

Lobby the Federal Minister for Social Inclusion on policies that ensure immigrant and refugee women are protected against all forms of discrimination associated with low English language proficiency.

Gender and culture

For immigrant and refugee women, the inability to participate in social activities is exacerbated by some gender roles and cultural expectations which regulate their movements.





Key Fact

A survey by the ABS (2008) on migrant groups' attendance at cultural or leisure venues (cinemas, zoological gardens, aquariums, popular music concerts etc) shows that those born in Australia and main English speaking countries had higher attendance rates (71% and 70%) than those from other countries (57%).

In some cases too, it is important to understand that leisure activities are culturally based. Most immigrant and refugee families would prefer attending or participating in traditional dancing, cultural events, cultural fashion and food fares, and the like, rather than going to the cinemas or going to see the opera.

Other barriers to participation

For most immigrant and refugee women, caring duties, financial constraints and other commitments at home restrict their participation in these and similar activities. Some families from an immigrant and refugee background do not attend certain social activities due to lack of transport. The often high and unaffordable cost of childcare is an additional barrier.

Whom to Lobby

Lobby the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs for programs to assist immigrant and refugee women in participating fully in all aspects of social life. Such programs should be offered early upon arrival and should address the cultural concerns of women.





Consequences of social exclusion

Low levels of participation often lead to increased sense of boredom and isolation, which can lead to poor mental health outcomes. The following quote from a report written by Williams (2001) on new arrival refugee women's health and wellbeing illustrates this:

Case Study

"Now I am in my house nobody, no one, comes and asks about me in my house. No one comes and talks to me. Because there is nobody who comes and talks to me I feel as though I am dead. Now that you are asking about me and when you called me to come here, then I knew that I was alive. No one asks my needs, no one talks to me here. They just left me. The Australian government people brought me here and just left me here." (**Newly arrived Sudanese woman**)

The settlement challenges faced by this woman, and the resulting sense of isolation, is an experience that is shared by many immigrant and refugee women.

Whom to Lobby

Lobby the Federal Minister for Immigration and Citizenship for settlement services that ensure women, particularly the newly arrived, have full knowledge of services and supports available to facilitate their settlement process. Service providers may consider coordinating their activities to ensure continuity of support.





Social participation and disability

▪ ***How is disability defined?***

The Australian Bureau of Statistics defines disability as "a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities" (Erebus International 2006).

▪ ***Reliance on carers***

While some people with disability can function independently most of the time, others rely on carers to assist them with important tasks such as eating and showering. Carers are often female, a family member, a relative or a close friend of the person living with a disability, and do not receive payment for their work.

Immigrant and refugee women and girls with disability are one of the most vulnerable groups in Australia, and often face discrimination on different fronts due to their disability, ethnicity and gender (Pane 1994).

A major impediment to participation for women with disabilities is immobility. Women with disabilities require assistance in accessing, not only workplace environments, but also social and learning environments. Mobility limitations often imply that immigrant and refugee women cannot participate fully in social life.





Key Facts

- People from migrant and refugee backgrounds with a disability face significant barriers to accessing government funded support services.
- People born in a non-English speaking country are approximately four times less likely to access a government funded disability support service than their peers born in an English speaking country (Australian Government Productivity Commission 2009).
- People with disabilities are only eligible for a disability pension after ten years of residence in Australia (Commonwealth of Australia 2001).

▪ **Community attitudes to disability**

Apart from the isolation and discrimination by English speaking / Anglo-Celtic cultures, immigrant and refugee women with a disability also face barriers within their own communities. In these communities, disability is regarded with shame and fear, and women with a disability are considered to be incomplete and sometimes even non-sexual (Meehan and Hanson 1999). This can lead to greater isolation and exclusion from one's ethnic community and the wider Australian society.

Case Study

My mum and dad acknowledged my disability but made me do everything that is done normal. But society doesn't accept me as I am. Even today, people will see me on the street and assume I don't have a brain because I can't walk (**Focus group participant, 'This is my Home' NEDA 2009**).





Whom to Lobby

- Lobby the Australian Human Rights Commission for increased awareness among carers and general public on the Disability Discrimination Act (1992) and administration of this act².
- Lobby the Commission for programs aimed at reducing stigma around disabilities in immigrant and refugee groups.

Labor force participation

▪ *Disparities in unemployment*

Immigrant and refugee women are significantly over represented in unemployment and long-term unemployment statistics. According to the ABS (2008), in 2006, people who were born in Australia and those born in main English speaking countries were more likely than those from other countries to be employed (78% and 80% compared with 68%).

Among people born in non-English speaking countries, 79% of men compared with 57% of women, were employed in 2006 (ABS 2008). In 2006, immigrant and refugee women had a substantially higher unemployment rate (8%) than the national average (5.5%), and a proportionately higher unemployment rate than Australian-born women (4.8%) (Bertone and Leuner 2007).

² Visit the Australian parenting website http://raisingchildren.net.au/articles/disabilities_antidiscrimination for more information on Australian anti-discrimination laws and their applicability.





Whom to Lobby

Lobby the Federal Minister for Employment Participation, for equal opportunities for immigrant and refugee women in the labour force. Policies should focus on closing the gender and racial gaps in employment.

▪ ***Language proficiency as barrier***

Immigrant and refugee women with low English proficiency, and newly-arrived in Australia have the highest rates of unemployment compared with other overseas-born women and men (Alcorso and Schofield 1991).

▪ ***Services to address language barriers***

The Adult Migrant English Program (AMEP) is a service offered by State governments to allow those with low English proficiency to improve their English skills. Up to 510 hours of English classes are offered to migrants entering Australia as a part of the humanitarian scheme (ECCWA 2009).

While this is a useful program, it has been noted that a high percentage of AMEP students complete the program without acquiring functional English. As a result, completion of the AMEP does not guarantee employment for immigrant and refugee women, as they may still lack the necessary English skills.

▪ ***Non-recognition of qualifications***

A significant proportion of immigrants and refugees often find themselves either unemployed or working in jobs that are below their level of skill and qualification for long periods. Difficulties in having overseas qualifications recognised in Australia, often leads to even highly-qualified women finding it difficult to work in their chosen field, or finding a job at all (DIAC 2007).





Due to lack of recognition of educational qualifications obtained in their home countries, as well as their limited English skills, immigrant and refugee women are often situated at the lower end of the labour market, mostly as labourers or in non-skilled and blue collar jobs.

Immigrants and refugees who have spent long periods working in jobs that are below their level of skill and qualification commonly report a decline in confidence and sense of disillusionment. A commonly given example is that of the highly educated and skilled taxi drivers, whose qualifications are not recognised in Australia.

Case Study

When I came to Australia I did not anticipate any problems in finding a professional job. During the process of looking for a job, I was told that I could not use my qualifications, as they were not recognised here, and that I had to sit for other tests to get Australian acceptable qualifications. This was so difficult because I had no money to register for the courses and so I took up the first job that I came across as a taxi driver. I have been a taxi driver for the past five years (**Aisa, 38yrs**).





Key Facts

- Based on statistics from the 2006 Census, unemployment rates are higher for people of immigrant and refugee backgrounds in relation to Australian born, and this is regardless of educational qualifications.
- Women who arrive in Australia under skilled migration programs tend to have a high educational attainment on arrival in Australia (DIAC 2008).
- In the case of immigrant and refugee women, high educational attainment tends not to lead to well-paid positions in a chosen field.
- Women make up the majority of people not in the workforce.

Whom to Lobby

Lobby Federal Minister for Employment and Workplace Relations for recognition of overseas qualifications





Discrimination and racism

What is discrimination?

Discrimination can be direct or indirect. Direct discrimination is treating one person less favorably than another because of particular attributes such as race, color, age, sex, disability, medical record, marital status, pregnancy, family responsibilities, religion, political affiliation or social origin.

Indirect discrimination is treating everyone the same but in a way that ends up being unfair to a specific group or people.

Where does discrimination occur?

Women experience discrimination in different spheres of life. The following are examples of places where discrimination has been known to be perpetrated.

- ***The Workplace***

Reports show that some employers prejudge immigrant and refugee women and make assumptions about their abilities. As a result, immigrant and refugee women tend to conceal their ethnic identity in order to secure a job. On the job discrimination continues to be a reality for immigrant and refugee women.

- ***The Housing sector***

Women who are identifiably 'different', especially Muslim women and also African refugees have been subjected to racial vilification and discrimination in the area of accommodation. Newly arrived immigrants and refugees often find it difficult to interpret certain tenancy laws, leaving them vulnerable to exploitation and discrimination by their landlords. Exploitation has been known to occur not only when tenants are in private accommodation, but also when they are ending a lease. Many tenants from an immigrant and refugee background quite often find it difficult to





recover their bond, as landlords penalize tenants for the whole amount of their bond for minimal damage, pre-existing poor conditions or damages which the landlord is obliged to repair (Ethnic Communities' Council of Victoria 2008). Due to a lack of knowledge on rental policy, recourse and fear of a bad reference, tenants find it difficult to challenge decisions of landlords.

Case Study

One time I applied for accommodation with an estate agent using only my English name without revealing my native name. When they called me, they found out that I spoke with an accent, and so was a migrant. They said they would get back to me. When I followed up the call, they told me that the accommodation had already been given to someone else (*Mavis, 34*).

Whom to Lobby

Lobby the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs for programs that ensure immigrant and refugee women are aware of the recourse to take in case of housing discrimination.

▪ **Religious circles**

Immigrant and refugee women do face discrimination in different circles on the basis of religion. Those who follow the Islamic faith are most vulnerable, and face an additional barrier if they wear the headscarf, hijab or burqa, which makes them even more visible (Ethnic Communities' Council of Victoria 2008).





Most women of the Islamic faith face some difficulty in negotiating appropriate cultural clothing in the workplace, with some women reporting that they have been discriminated against in the recruitment process and on the job because of their religious attire.

Key Facts

- It is unlawful to discriminate in Australia, whether intentionally or otherwise.
- No form of discrimination should be tolerated. There is legislation available to cover women experiencing any form of discrimination.

Anti-discrimination legislation

Discrimination in employment can be prevented. Anti-discrimination provisions are contained in a number of federal, state and territory laws.

Federal legislation includes:

- *Racial Discrimination Act 1975*
- *Sex Discrimination Act 1984*
- *Disability Discrimination Act 1992*
- *Human Rights and Equal Opportunity Commission Act 1986*
- *Age discrimination Act 2004 (Commonwealth)*

These Federal Acts are administered by the Australian Human Rights Commission.

All States and Territories have some form of anti-discrimination legislation which works together with the Federal legislation. State and Territory legislation include:

- *Australian Capital Territory Discrimination Act 1991 (ACT)*
- *New South Wales Anti-Discrimination Act 1977 (NSW)*
- *Northern Territory Anti-Discrimination Act 1996 (NT)*





- *Queensland Anti-Discrimination Act 1991 (QLD)*
- *Tasmania Anti-Discrimination Act 1998 (TAS)*
- *Victoria Equal Opportunity Act 1995 (VIC)*
- *South Australia Equal Opportunity Act 1984 (SA)*
- *Western Australia Equal Opportunity Act 1984 (WA)*

Whom to Lobby

Lobby the Australian Human Rights Commission to specifically include issues of religious and other forms of discrimination against immigrant and refugee women in laws operating at federal level. Women need to be kept informed on the existence of legislation that protects them.





Access to services

Systemic barriers

Institutional structures have a big role to play in creating barriers that impede access to basic goods and services. For instance, difficulty in accessing services is largely explained by lack of private transport. Geographical location also plays a part, with those located in outer regional or remote areas experiencing greater difficulty.

▪ ***Interpreter services***

A major barrier faced by women accessing services is low proficiency in spoken and written English. This may dissuade them from using specific services. The scarcity of professional interpreters in some newly emerging communities, and the lack of appropriate engagement of professional interpreters by service providers, may also result in women using family members who, for different reasons, may not interpret information accurately. Interpreter services needs to be a priority. Some States, such as the NSW and Queensland have shared success stories with support received for interpreter services. A report prepared by the Queensland Accessing Interpreters Working Group (QAIWG), is an example of systemic advocacy efforts (Queensland Accessing Interpreters Working Group 2008). Please see appendix 3 for a summary of the QAIWG initiative provided by a member of the POD expert advisory committee working with the Immigrant Women Support Service (IWSS).

Lack of professional interpreter services can have grave consequences on women with low proficiency in spoken English. Women escaping domestic violence are at increased risk as they (the women) may resort to asking family members to interpret for them, as the following case study shows:





Case Study

Police attend a home following a report of a domestic disturbance. Police find a man and a woman from NESB and a 13- year-old male child. Both parents have limited English proficiency. However the child speaks fluent English. Police ask the child to explain what happened. The child, owing to a well founded fear of violence perpetrated by his father states that his mother became upset and that his father tried to calm her down. The Police do not interview either parent with a professional interpreter. Police reach a conclusion based on this limited assessment that no domestic or family violence has occurred. Failure to report violence perpetrated by her husband and witnessed by the child placed the woman at increased risk (***Case study provided by the Immigrant Women's Support Service, Queensland***).

Example of Best Practice

The Translating and Interpreting Service (TIS) offered by the DIAC to all people from non-English speaking backgrounds, is yet another example of good practice. The TIS is available 24 hours a day, seven days a week, for any person or organisation in Australia requiring interpreter services. For more information please visit: http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating

Whom to Lobby

Lobby the Federal Minister for Social Inclusion for more support with interpreter services, and to adopt the Queensland Accessing Interpreters Working Group's findings as best practice for systemic advocacy at a federal level.





Sexual and reproductive health services

Immigrant and refugee women's reproductive health varies among cultural groups, and therefore there is a need for increased sensitivity and cultural competency on the part of service providers. Service providers need to pay attention to the specific needs of each age category and to provide services that adequately address the sexual and reproductive health needs of women in each category.

Key Facts

- Immigrant and refugee women's reproductive health varies among cultural groups. A large proportion of women from Europe and USSR have had hysterectomies (14.2%), whereas those from Northern America (4.3%) and South East Asia (4.8%) have the lowest proportions (Madden 1994).
- Immigrant and refugee women's reproductive health experiences are generally poor compared to Australian-born and English speaking women (Alcorso and Schofield 1991).

Barriers to access

Gender of health professional:

Most women prefer to see health professionals who have the same gender as them because of the confidentiality of sexual and reproductive health issues.

Cultural/linguistic backgrounds:

Women prefer to see doctors from the same cultural/linguistic backgrounds as their own as this allows for better communication and longer consultation times.





Communication barriers:

Many of the problems encountered by immigrant and refugee women are a result of communication barriers. Some health conditions are best described in a woman's own language and failure to find the English equivalent may result in frustration on the part of the woman, and misinterpretation of the condition by the doctor, leading to wrong diagnosis or treatment. Provision of health information in languages women understand is therefore imperative to ensure positive health outcomes for women. The work of the Multicultural Centre for Women's Health cited below demonstrates this.

Best Practice

MCWH has a multilingual library with over 1,000 resources in over 80 languages. The Centre employs a team of bilingual health educators who are trained to provide high quality multilingual health education. At MCWH we believe that women sharing health information and experiences, or what we call a woman-to-woman approach, are the best way to wellbeing. Positive feedback from women participating in health education sessions is testimony to the effectiveness of this approach.





Below are examples of feedback from women participating in sessions conducted by the MCWH's Bilingual Health Educators:

Case Study

The shop provides each woman with a trolley, but I don't use it all the time. Now I am going to use that trolley to carry goods because it will prevent me from injuring my back and joints." (***Vietnamese working woman participating in an occupational health and safety session.***)

I had my first daughter in 1980 and seven months later I was pregnant with my second daughter because I was told that breastfeeding was a method of contraception. Now I know that was wrong. I wish I had had a reproductive session at that time instead of getting wrong information." (***Vietnamese working woman participating in a reproductive health session.***)





- **Interpreter problems:** women are concerned about the gender of interpreters, availability of interpreters and quality of services provided. Some women prefer professional interpreters to relatives due to the sensitivity of issues in sexual health. Relatives are used when there are shortages of professional interpreters and leaving them no option. Yet other women preferred relatives as interpreters because they would help them remember the discussions.

The scarcity of health interpreters causes frustration in some women, who are left with no choice but to use family members. The problem has been partially solved by providing interpreters at health centres at a certain day of the week. Women have faced problems with this because of their commitments at home, and especially childcare and other commitments. In spite of the availability of childcare services, some women may be hesitant to leave their children with people whom they do not know or with whose culture they are unfamiliar. Women are also concerned about the quality of the interpreting offered. They feel interpreters summarize and simplify information.

Whom to Lobby

Lobby the Commonwealth Department of Health and Ageing for programs that ensure increased knowledge of sexual and reproductive rights among immigrant and refugee women. Information should include: the right of choice (e.g. choosing a health professional of preferred gender; choice of health centre); right to interpreter services; provision of multilingual information; and the right to observe cultural practices.





Violence against women

What is domestic or family violence?

Domestic or family violence can include any behaviour used by the perpetrator, in a majority of cases men, to establish and maintain power and control over the partner or another member of the family. Violence can take the form of physical assault, sexual abuse, verbal abuse, psychological or emotional abuse, economic abuse, social abuse, and spiritual abuse.

The different facets of abuse³

- **Physical abuse:** This form of abuse includes direct assaults on the body, use of weapons, destruction of property, assault of children, sleep deprivation, locking the victim out of the house.

Case Study

After she became pregnant with her second child the violence escalated. Her husband always had a gun or guns in and around the house. The guns were a constant reminder of the danger she lived in. He shot at her; menaced her with a shotgun and two occasions fired weapons at the children. One of worst beatings she received at his hands was the butt of a shotgun." (*Women's Health West 2003*)

- **Sexual abuse:** This is any form of forced sex or sex degradation e.g. sexual activity without consent, coercive unprotected sex, causing pain during sex,

³ These definitions are obtained from Tually *et al* (2008). Women, Domestic and Family Violence and Homelessness: A Synthesis Report, Report prepared for the Office for Women. In some cases too, reference is made to definitions used by the Immigrant Women's Support Service.





assaulting genitals, making the victim perform sexual acts unwillingly, using sexual degrading insults.

Case Study

One time my husband made a trip back home to visit some of our relatives. When he returned, I tried to negotiate safer sex until we got tested for HIV and other STDs. He started accusing me of being unfaithful in his absence, called me a 'bitch' and went on to rape me. Of course he was against the idea of protected sex. I was hurt. My greatest fear now is that I could be infected, and I can't initiate a discussion on getting tested without risking being assaulted (**Zenia 34yrs**)

- **Emotional abuse:** Emotional abuse has been understood to involve blaming the victim for all problems in the relationship, constantly comparing the victims with others to undermine their self esteem and self worth, sporadic sulking, withdrawing all interest and engagement, for example not talking to each other for weeks.

Emotional abuse may also be defined as any behaviour used to create feelings of distress, fear, anxiety, confusion, and/or helplessness. Examples include men constantly criticising or belittling women's actions and abilities; blaming women for things outside their control; making threats to have them deported from Australia, leaving them or stopping them from seeing their children.





Case Study

A couple had been trying for a baby for a long time. After years of trying, the woman conceived but had complications in her second trimester resulting in a miscarriage. When this happened, her husband and in-laws all turned against her, blaming her for the outcome. She had no one to discuss this with, as all her family members were overseas. She felt so depressed and isolated, to the point of contemplating suicide.

- **Verbal abuse:** This type of abuse involves continual humiliations, either privately or publicly, with attacks that may follow clear themes that include but are not limited to criticism of intelligence, sexuality, body image and capacity as a parent or spouse. Verbal abuse may also include swearing or use of offensive language; constant criticism and ridicule; making deriding or derogatory comments. Verbal abuse may also include spreading rumours or false information about you to friends, family and colleagues.
- **Social abuse:** This is systematic isolation from family and friends through techniques such as ongoing rudeness to family and friends, moving to locations where the victim knows nobody, and forbidding or physically preventing the victim from going out and meeting people.
- **Economic abuse:** Involves complete control of all monies, no access to bank accounts, providing only inadequate allowance, using any wages earned by the victim on household expenses.





Case Study

"We get money from Centrelink – the children also get their allowances. My husband takes all the allowances and spends recklessly, mostly on gambling and alcohol. Perhaps I should organise for direct debits into the children's accounts, but it's difficult to engage him in such a discussion" (**Rona, 35yrs**)

- **Spiritual abuse:** Examples of this form of abuse include denying access to ceremonies, land or family, preventing religious observance, forcing victims to do things against their beliefs, denigration of cultural background, or using religious teachings or cultural traditional as a reason for violence.

Whom to Lobby

Lobby Federal Office for the Status of Women to:

- disseminate findings of research on violence against women to immigrant and refugee women so as to empower them with knowledge
- provide information on recourse and available supports to women escaping domestic violence.
- Work together with State governments to ensure that funding is available to service providers working with immigrant and refugee women
- support programs that promote prevention of violence against immigrant and refugee women
- ensure that national policy and plans to address violence against women include immigrant and refugee women's issues.





What support is available?

Immigrant and refugee women are often not aware of their rights, available support services, and legislation in relation to domestic violence. This coupled with inaccessibility of services in some cases, and lack of information in women's languages, impedes prevention efforts, and places women at even greater risk. Women need to be aware of the availability of services providing multilingual information on domestic violence and other areas to help them make informed decisions and to take appropriate action.

All Australian governments have prioritized the elimination of violence against women. Support to women who are unable to support themselves due to domestic violence is often made available. All States and Territories have the primary responsibility for providing programs and services to support women, children affected by domestic violence and to men who want to change their violent behaviour. These include: specialist domestic violence services, perpetrator programs, refuges, generalist services (including health services, family relationships services), police and the court system.

Key Facts

- Approximately one in five women (19%) has experienced sexual violence at some stage in their life since the age of 15.
- The majority of cases are perpetrated by men against women and their children.
- About one in three women who experience physical violence are also raped by violent partners.
- Sexual violence by male intimate partners remains one of the least recognised, under-reported, and as a result, least prosecuted crimes.
- Women with a disability are more likely to experience partner or sexual violence of greater severity, and over a longer period of time, than women without a disability.
- Women more often talk to family or friends about the violence they are experiencing than go to the police or a support agency. (Commonwealth of Australia 2009)





Case Study

I was too scared to go to the Police, because my ex-boyfriend kept sending threatening messages. He threatened to kill me if I ever reported him to the Police, and he threatened to harm my family too. Because of these threats I decided it was in my best interest, and that of my family, not to report the matter to the Police. (*Mandy 42*).

Focus on prevention

Australia has a zero tolerance policy on domestic violence. The Government Plan of Action states that "no woman should be a victim of sexual assault or domestic and family violence, and that no woman should fear for her safety at home, at work or in her community" (Commonwealth of Australia 2009). The Plan of Action focuses on strategies and actions for prevention, early intervention, improved service delivery, and justice.

Women from immigrant and refugee backgrounds face particular challenges in regards to the prevention of violence. For example, women on temporary visas experience challenges in accessing violence prevention programs, and particularly culturally appropriate programs. Access to prevention programs is often constrained due to settlement demands such as immediate health concerns, difficulties in accessing affordable and suitable accommodation and the imperative to work, all of which take precedence over prevention programs.





Whom to Lobby

Lobby Federal Office for the Status of Women to support NGOs that deliver services to immigrant and refugee communities through capacity building and provision of resources focused on prevention of violence against women.

Another example of government efforts to prevent domestic violence is the recent Victorian government's 'ENOUGH' Campaign launched in 2008. The ENOUGH Campaign sought to raise awareness on new family violence laws and to encourage those experiencing violence to seek help. Information has been made available in other languages, and can be accessed from:

www.familyviolence.vic.gov.au/OtherLanguages.





Data collection and management

Lack of data

There is a dearth of national level data on immigrant and refugee women's health and wellbeing in Australia. The most recent national data on this is from work conducted in 1991, as a part of the National NESB Women's Health Strategy.

Most of the data on immigrant and refugee groups is not disaggregated by gender. This dearth of data makes a gender-based analysis of the implications of migration on women difficult. Other data also lack demographic breakdowns of the migrant and refugee population by age, ancestry, and ethnicity, yet this information provides deeper insight into the experiences of immigrant and refugee women.

Best Practice

Canada's *Immigration and Refugee protection Act (2002)* includes a legislative requirement to do a gender-based analysis on the impact of the new legislation and other regulations, and to report annually on the impact (United Nations 2006). Such practice could be adopted to ensure availability of data on women that can be used to address the specific challenges faced.

Data coordination

At a national forum to discuss issues affecting immigrant and refugee women organised by the MCWH, stakeholders echoed the concern that a lot of the data collected by organisations ends up collecting dust on the shelves due to lack of know-how on how to make use of the data. Coordination of activities among organisations is generally poor. This often results in duplication of effort, as organisations are likely to collect similar data and from the same population.





Data accessibility

Relevant research conducted by academics and health organisations is not coordinated and there is no central clearinghouse for it. Storage of data in a central location will ensure improved access to information and a more coordinated approach to data collection among NGOs. A research clearinghouse on national immigrant and refugee women's issues will ensure that relevant research is conducted, coordinated, collated and disseminated. It will also ensure increased use of, and better access to information by women.

Whom to Lobby

Lobby Federal Office for the Status of Women for a national clearinghouse on national immigrant and refugee women's issues at Federal level.





Advocacy Toolkits

The reader may refer to the following resources for a broader understanding of advocacy and lobbying.

Bouloukos, L.V. (comp.) (2002). *Be Fearless! A guide to getting your voice heard by the community, your government representatives and government departments.* The Ethnic Communities Council of Queensland Ltd.

Chalcraft, Katie (2007). *A Toolkit to Equip Young People with the Skills to Become Powerful Advocates for Youth Sexual Reproductive Health and Rights (YSRH&R).* London, Students Partnerships Worldwide.

Eldis manuals and Toolkits visit: <http://www.eldis.org/go/topics/resource-guides/manuals-and-Toolkits>

INCITE! Law Enforcement Violence Against Women of Colour and Trans People of Colour: A Critical Intersection of Gender Violence and State Violence. An Organisers Resource and Toolkit. INCITE! Women of Colour Against Violence, Redmond www.incite-national.org

National Ethnic Disability Alliance (2009). *This is My Home: Belonging, Disability and Diversity.* <http://www.edac.org.au/letmespeak/>

Queen Victoria Women's Centre (2009). *Queen Victoria Women's Centre's Women's Organisation's Capacity Building Workshops: Working with Government.* Melbourne, Queen Victoria Women's Centre.





References

Alcorso, C. and T. Schofield (1991). The National Non-English Speaking Background Women's Health Strategy. Canberra: Australian Government Publishing Service for the Office of the Status of Women, Department of the Prime Minister and Cabinet.

Australian Bureau of Statistics (2008). Australian Social Trends, 2008.
www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter42022008. Accessed 20 January 2009.

Australian Government Productivity Commission (2009). Report on Government Services 2009.

Bertone, S. and B. Leuner (2007). Immigrant Women in the Service Industries: Towards a New Strategic Plan for MCWH and Beyond. Melbourne, Multicultural Centre for Women's Health.

Commonwealth of Australia (2009). Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and their Children 2009-2021. Commonwealth of Australia.

Commonwealth of Australia (2009). Background Paper to Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and their Children, 2009-2021. Commonwealth of Australia.

Commonwealth Office of the Status of Women (2001). State and Territory Consultations with Migrant and Refugee Women. Australian Women Speak. Barton, Commonwealth of Australia.

Department of Immigration and Citizenship (2008). The People of Australia: Statistics from the 2006 Census. Commonwealth of Australia.

Ethnic Communities' Council of Victoria (ECCV) (2008). Availability, Affordability, Accessibility: Housing Victoria's New Migrant and Refugee Communities. Statewide Resource Centre, Victoria. ECCV Policy Discussion Paper No 4. 2008.

ECCV (2008). Real Jobs: Employment for Migrants and Refugees in Australia. Statewide Resource Centre, Victoria. ECCV Policy Discussion Paper No 3. 2008.

Erebus International (2006). Report of the Evaluation of the Commonwealth Disability Strategy. A Report to the Families, Community Services and Indigenous Affairs.

Madden, R. (1994). Women's Health. ABS

Meehan, E. and K. Hanson (1999). Three-D: A Preliminary Report on Sexual and Occupational Health of NESB Women with Disabilities. Melbourne, Women in Industry and Community Health Inc..

Pane, L. (1994). Triple Disadvantage: Women from Non-English Speaking Backgrounds Living in Australia. A report prepared on behalf of The National Women's Consultative Council
www.wvda.org.au/neseb.htm accessed 10 November 2008.





Selina, T., Faulkner, D., Cutler, C. and Slatter, M. (2008). Women, Domestic and Family Violence and Homelessness: A Synthesis Report. Report prepared for the Office for Women, Department of Families, Housing, Community Services and Indigenous Affairs, Flinders Institute for Housing, Urban and Regional Research, Canberra.

The Queensland Accessing Interpreters Working Group (2008). A Matter of Interpretation: The Case for Access to High Quality Accredited Interpreting and Translating Services and Cultural Competence in Queensland Services Working with Culturally and Linguistically Diverse People. Brisbane, Report facilitated by the Queensland Council of Social Services.

United Nations (2006). 2004 World Survey on the Role of Women in Development: Women and International Migration. Department of Economic and Social Affairs Division for the Advancement of Women. New York, United Nations.

Williams, J. (2001). New Arrival Refugee Women Health and Well Being Project 2001: A community consultation looking at the health issues affecting newly arrived refugee women in South Australia. Women's Health Statewide, SA.





"There are no arrivals anywhere, there are only points of departure" (Simone de Beauvoir)

Points of Departure

This page is intentionally blank. Make your own advocacy plans here.





APPENDICES

APPENDIX 1: Sample of a letter to the Member of Parliament

Your address

Mr. John Smith MP
(The MP's address)

12 June 2009

Dear Mr. Smith

As a woman from a migrant background living in Australia, I am particularly concerned about the lack of interpreter services in our hospitals. In spite of the cultural diversity of women presenting at health institutions, a majority of health practitioners continue to demonstrate a high degree of cultural incompetence when attending to women from these backgrounds.

I strongly believe that in order for women to feel that they are an integral part of the Australian society, the government needs to ensure that immigrant and refugee women have equal access to available services, and particularly health services. Lack of English skills presents a huge barrier to accessing services, not only for me, but for many other women whose first language is not English.

Failure to communicate with the general practitioner or other health professionals is frustrating for women, some of whom have lost faith in the health care system altogether. This has serious implications on women's health in the future. Language is a very important tool for the achievement of inclusiveness, and we would like to see communication barriers between women and health professionals broken. The government could help by providing free access to interpreter services.

Please raise these issues in Parliament. I look forward to hearing from you.

Yours sincerely,

Your name





APPENDIX 2: Example of Best Practice – the Queensland experience.

(This case study was provided by the Immigrant Women's Support Service, Queensland.)

Background Information

- The Domestic Violence and Sexual Assault Programs at the IWSS could not operate without funded access to interpreting services as the majority of our clients do not have proficiency in spoken or written English. A significant part of our direct work at IWSS is assisting women who are temporary residents in Australia who are experiencing domestic and/or sexual violence. This includes women on partner visas, student visas or temporary skilled visas. We also work in assisting women who have arrived under the refugee and humanitarian program. Many women who access our service have either recently arrived in Australia or may have resided here for less than five years and so English language skills is often very limited.
- Prior to the 31st of October 2005 DIAC provided fee free interpreting services to organisations that were jointly funded by the Commonwealth/State SAAP – this included IWSS.
- Under the SAAP V Agreement funding for interpreting services was deemed to be the responsibility of State governments and from the 1st of November 2005 all fee free interpreting services were withdrawn.
- This decision was made known overnight as IWSS was informed by TIS National that we were no longer eligible for fee-free interpreting services and would now be charged. We were not informed formally by DIAC or the Dept of Communities prior to the SAAP V Agreement being signed.
- For IWSS this resulted in immediate action to ensure that we could obtain funding for access to interpreters to maintain our





service delivery in addition to advocacy on behalf of all SAAP funded services affected by this agreement in Queensland.

- Over the past three years IWSS has undertaken extensive lobbying and systemic advocacy to ensure that all services that are funded by the State government have free access to professional interpreting services. We also advocate for continued access to training to ensure that workers are able to recognise the need for professional interpreters and are able to work appropriately and effectively with them.
- In February 2008 the QAIWG was formed. IWSS has played a key role in this working group.
- In October 2008 we achieved success in our lobbying efforts as the Premier announced a directive to all State Government Departments that they were required to fund free access to interpreting services for their funded non Government organisations.
- The QAIWG continues to monitor the implementation process arising from this directive within each government Department.
- IWSS is the only SAAP funded service that has secured non-recurrent State funding from the Dept of Communities for interpreting and translating services. Other organisations are required to seek reimbursement for interpreting as required which often involves a lengthy process. Many services are still unaware of the provision for reimbursement and as a result may not be engaging with professional interpreting services, effectively denying women from NESB basic access to these services.
- We also continue to observe ongoing issues in Queensland relating to the lack of appropriate engagement of professional interpreters when working with women from NESB. We frequently sight situations where no interpreters are engaged; where the correct dialect or language spoken is not used; and inappropriate use of children or family members to interpret on behalf of women. These practice issues are prevalent within funded services and by Departmental staff (e.g. Police, Child Safety





Officers, Court Staff, and Magistrates) and paraprofessionals (e.g. GP's, health/medical services, etc).

What is the impact of this for women from NESB who are experiencing violence?

- For many women language barriers prevent them from accessing information and support services, and in reporting their experiences of violence. Additionally women from NESB are often unaware of their rights in Australia and unaware of relevant legislation and services available to offer support and protection. When services fail to engage appropriately with professional interpreters this has serious and lasting consequences for women and their children where violence is occurring. This includes a heightened risk of serious assault, injury and domestic violence related homicide.
- The following case studies highlight some of the human rights violations occurring when basic access and equity is not met through the provision of a professional interpreter :

Case Study 1. Police attend a home following a report of a domestic disturbance. Police find a man and woman from NESB and a 13 year old male child. Both parents have limited English proficiency however the child speaks fluent English. Police ask the child to explain what happened. The child owing to a well founded fear of violence perpetrated by his father states that his mother became upset and that his father tried to calm her down. The Police do not interview either parent with a professional interpreter. Police reach the conclusion based on this limited assessment that no domestic or family violence has occurred. In this situation, the woman was unable to report to the Police that she was experiencing domestic violence perpetrated by her husband and witnessed by her child. Her safety and that of her child continued to be a risk.

Case Study 2. A woman reported that she attended a medical appointment with her husband to have what she believed was a





prenatal check up during her pregnancy. The woman spoke no English however her husband was a fluent English speaker. The husband interpreted during this appointment and it was only after the woman woke up following an anaesthetic that she realised that her husband had procured an abortion without her knowledge or consent. The woman continues to experience significant grief and trauma.

Case Study 3. A woman attends Court for a Mention in relation to an application for a Domestic Violence Protection Order (DVPO). On her application form she clearly identified and marked the need for a professional interpreter however no interpreter was booked by the Magistrates Court. The woman waited outside the Court room for over an hour. She later learned that the matter was dismissed by the Magistrate as the woman was not informed of when to go into the Court room.

Case Study 4. During investigations by the Department of Child Safety (DoCS) there were frequent occasions where an interpreter was not used by Child Safety Officers. A woman was asked to sign formal documents without knowing what they contained and this had significant legal implications in relation to the ongoing care arrangements of her children. Furthermore there were occasions when a family member was asked to interpret without having the requisite language skills in both languages and this resulted in significant miscommunication where the woman later missed appointments affecting her representation in important matters.

These experiences are all too common. The QAIWG Report "A Matter of Interpretation" further documents case studies collected by the QAIWG in Queensland. This report was presented to the Queensland Government on the 2nd of December 2008.





APPENDIX 3: Details of Expert Advisory Committee

Name	Organization	State	Tel
Adele Murdolo	Multicultural Centre for Women's Health adele@mcwh.com.au	VIC	(03) 9418 0923
Pauline Gwatorisa	Multicultural Centre for Women's Health pauline@mcwh.com.au	VIC	(03) 9418 0915
Diana Orlando	Immigrant Women Domestic Violence Service iweof@infoxchange.net.au	VIC	(03) 9418 0923
Nuzhat Lotia	Islamic Women's Welfare Council of Victoria silc@islamicwomenswelfare.org.au	VIC	(03) 9481 3000
Mary Dankert	Centre for Multicultural Youth mdankert@cmv.net.au	VIC	(03) 9418 0923
Deborah Van Velzen	Tasmania Dept of Health and Human Service Deborah.vanvelzen@dhhs.tas.gov.au	TAS	(03) 6222 7656
Juliana Nkruma	African Women's Advocacy Unit ampofowaa2000@yahoo.com.au	NSW	(02) 8835 7934
Luara Ferraccioli	National Immigrant and Refugee Women's Association nirwa@ycwa.org.au	NSW	(02) 6262 5091
Helen Sara	Federation of Ethnic Communities Council Australia hsara@stjosephs.woll.catholic.edu.au	NSW	(02) 4271 1983
Jane Corpuz-Brock	Immigrant Women's Speakout executive_officer@speakout.org.au	NSW	(02) 9635 8022
Zeliha Iscel	National Ethnic Disability Allowance zel@neda.org.au	WA	(08) 9356 6470
Shobhana Chakrabati	'Ishar' Multicultural Women's Health Centre shochakra@yahoo.com	WA	(08) 9479 6202
Beata Ostpiej-Piatkowski/	Immigrant Women Support Service beata@iwss.org.au	QLD	(07) 3846 3490
Stephanie Anne	Stephanie@iwss.org.au	QLD	(07) 3846 3490
Manja Visschedijk	Multicultural Women's Advocacy Inc. manja.visschedijk@ywca-canberra.org.au	ACT	(02) 6239 6878
Veronica Wensing	Canberra Rape Crisis Centre eo@rapecrisis.org.au	ACT	(02) 6247 8071
Frederica Gaskell	Multicultural Council of the NT families@mcnt.org.au	NT	(08) 8945 9122
Susana Saffu	Batchelor Institute of Indigenous Tertiary Education susana.saffu@batchelor.edu.au	NT	(08) 89397365
Jan Williams	Migrant Health Service Jan.Williams@health.sa.gov.au	SA	(08) 8237 3912
Maria Johns	Multicultural Age Care Inc mariaj@mac.org.au	SA	(08) 8241 9900



Multicultural Centre for Women's Health
134 Cambridge Street, Collingwood
Victoria 3066
Tel: 03 9418 0999
Fax: 03 9417 7877
Web: www.mcwh.com.au



Design & front cover illustration by 3 Tier Design for MCWH