COVID-19 Recovery

WHAT IS NEEDED: A COVID-19 RECOVERY AND FUTURE PANDEMIC PREPAREDNESS THAT IS **CULTURALLY AND LINGUISTICALLY RESPONSIVE** TO THE NEEDS OF MIGRANT AND REFUGEE WOMEN AND GENDER DIVERSE PEOPLE ACROSS AUSTRALIA.

MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC). WHO recommends the continuation of community engagement to achieve strong, resilient, and inclusive risk communications.

*World Health Organization (2023). Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic

1.5x higher death rate for those born outside Australia

Those who died of COVID-19 with a country of birth of overseas, **had a death rate one and a half times higher** than that of people who were born in Australia.

*Australian Bureau of Statistics. (2022, December 22). COVID-19 Mortality in Australia: Deaths registered until 28 February 2023. ABS.

Lower vaccine rates for non-English speakers

For those who speak a language other than English at home **vaccination rates were lower** than for the general population in Australia.

*Department of Health and Aged Care (2023). COVID-19 vaccine rollout update – 24 March 2023. Department of Health and Aged Care.

WHAT RESEARCH SHOWS

- People from migrant and refugee backgrounds have been disproportionately affected by the COVID-19 pandemic.
- Compounding systemic and structural inequality have significantly impacted migrant and refugee communities and consequently there are many barriers to accessing the COVID-19 related health information and health services that they need.
- Migrant and refugee women do not have access to the same level and quality of COVID-19 information in their languages and level of English proficiency.
- Migrant women are concerned about the effects of vaccination on themselves and their children, especially during pregnancy.
- Migrant and refugee women experienced multiple hardships during the COVID-19 pandemic, including:
  - Financial stress
  - Family separation
  - Community isolation
  - Household insecurity
  - Discrimination
  - Reduced income
  - Increased unpaid care work
  - Mental health issues
  - Healthcare access
  - Loss of employment

KEY RECOMMENDATIONS

- Invest and strengthen intersectional policy development and analysis to ensure that Australian government policy addresses the multiple forms of disadvantage and barriers to accessing information and services by migrant and refugee women.
- Provide continuing funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive health information that meets the needs of migrant and refugee women and non-binary people in Australia.
- Support the COVID-19 economic recovery of Australian industries and jobs in which migrant women are concentrated and create employment pathways to facilitate their active participation in the workforce.
- Ensure that government public health messaging is consistent and transparent.
- Promote and support a multilingual women-led workforce that delivers in-language health education to communities that have been made more vulnerable due to impacts associated with the COVID-19 pandemic.
- Provide English language and digital-literacy support programs that meet the needs of all migrant women, including those on temporary visas.

KEY POLICY FRAMEWORKS

- National COVID-19 Health Management Plan for 2023

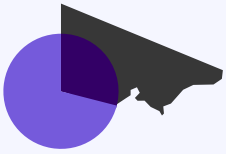
Read Left Behind: Migrant and Refugee Women's Experiences of COVID-19 Report

Read Breaking the Barriers: Migrant and Refugee Women's Experiences of Health Care in Victoria

Prevention of Violence Against Women

WHAT IS NEEDED: A GREATER UNDERSTANDING OF THE FACTORS WHICH **ALWAYS INTERSECT WITH THE GENDERED DRIVERS OF VIOLENCE** AGAINST WOMEN AND GENDER DIVERSE PEOPLE ACROSS AUSTRALIA.

MULTICULTURAL CENTRE FOR WOMEN'S HEALTH



21.5% of females in Australia were born in a non-English speaking country and **migrant women make up 32% of the Victorian female population**

*ABS (2021) The Census of Population and Housing, Australian Government / ABS Personal Safety 92016), Australia

On average, **one woman a week is murdered** by her current or former partner

*Australia's National Research Organisation for Women's Safety (ANROWS). 2018. Violence against women: Accurate use of key statistics (ANROWS Insights 05/2018). Sydney, NSW: ANROWS)

1 in 3 women (30.5%) has experienced **physical violence** since the age of 15

*Australian Bureau of Statistics (ABS). 2017. Personal Safety Survey, Australia, 2016 (ABS cat. no. 4906.0). Canberra, ACT: ABS.

1 in 5 women (18%) has experienced **sexual violence since** the age of 15

*Australian Bureau of Statistics (ABS). 2017. Personal Safety Survey, Australia, 2016 (ABS cat. no. 4906.0). Canberra, ACT: ABS.

Read the **All Together in Prevention and Response** advocacy brief from MCWH

WHAT RESEARCH SHOWS

- Family violence against migrant women is at least as prevalent as in the general population, with the added concern that migrant women are less likely to access appropriate family violence support at an early point.
- Migrant women experience violence more severely and for more prolonged periods of time than non-migrant women.
- Women on temporary visas report even higher levels of violence.
- Migrant women are less likely to receive the services they need due to structural and systemic barriers. The following factors prevent migrant and refugee women from accessing and/or seeking help from mainstream family violence services:
  - Lack of multilingual information
  - Services' inconsistent use of interpreters
  - Financial barriers
  - Social isolation
  - Potential backlash from social networks
  - Threats of deportation
  - Experiences of discrimination
  - Racial discrimination
  - Residency rights/visa generating challenges to women's independence through the lack of health, social, and economic opportunities available on temporary visas
  - Limited services for migrant and refugee women in rural areas
  - Under resourced family violence services
  - Disconnection between family violence and settlement services / multicultural organisations

KEY RECOMMENDATIONS

- Ensure that family violence services are high quality, gender equitable, accessible and culturally and linguistically responsive.
- Invest and strengthen intersectional policy development and analysis to ensure that Australian government policy addresses the multiple forms of disadvantage and barriers to accessing information and services by migrant and refugee women.
- Recognise the leadership of migrant and refugee specialist organisations who have expertise in gendered violence and involve them meaningfully in all program phases, such as in the planning, decision-making and evaluation of prevention of violence against women initiatives. There needs to be increased representation of these organisations at the appropriate governance groups.
- Increase bilingual and/or bicultural workforce representation within the family violence system.
- Support a better understanding of practitioners on a feminist intersectional approach to address power imbalances, systemic discrimination and inequalities.
- Fund more research on migrant and refugee communities and family violence that could demonstrate the scale and importance of the issues and its impacts.
- Fund more bilingual health education programs and embed them as an essential tool of prevention of violence against women initiatives. These programs increase migrant and refugee women's understanding and confidence in navigating services and strengthen migrant and refugee women's leadership and advocacy capabilities.
- Ensure all family violence prevention, early intervention, response and recovery services, and interpreting services, are available to migrant women free of charge, regardless of migration status.
- Remove residency restrictions and make support services available to migrant and refugee people on all visa categories in Australia. Make changes to a multi-tiered system in which certain groups of residents and citizens have access to more support than others.
- Support and develop meaningful and innovative approaches in prevention of violence against women initiatives, such as co-design and community-based advocacy.

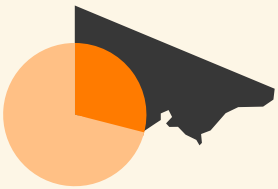
KEY POLICY FRAMEWORKS

- Change the Story: a shared framework for the primary prevention of violence against women in Australia

Mental Health and Wellbeing

WHAT IS NEEDED: GREATER UNDERSTANDING ABOUT THE **GENDERED AND INTERSECTIONAL FACTORS** THAT IMPACT ON **MIGRANT AND REFUGEE WOMEN AND GENDER DIVERSE PEOPLE'S MENTAL HEALTH.**

MULTICULTURAL CENTRE FOR WOMEN'S HEALTH



Migrant women make up **32% of the Victorian female population**

*ABS (2021) The Census of Population and Housing, Australian Government / ABS Personal Safety 92016), Australia

5x more likely

People who frequently **experience racism** are almost **five times more likely** than those who do not experience racism to **have poor mental health**.

*DHHS (Department of Health and Human Services) (2017). Racism in Victoria and what it means for the health of Victorians, State Government of Victoria, Melbourne.

Of reported self-harm and suicide attempts

Two to three times more women than men experience **depression and anxiety** and women make up **over 60% of reported self-harm** and attempted suicide.

*Department of Premier and Cabinet. (2016). Safe and Strong: A Victorian Gender Equality Strategy State Government of Victoria, Melbourne.

Read the 2020 Mental Health policy brief from the Multicultural Centre for Women's Health.

WHAT RESEARCH SHOWS

- Migrant and refugee women are impacted by intersecting race and gender inequality which in turn affects their mental wellbeing.
- Violence against women leads to poor mental health. Intimate partner violence impacts negatively on women's mental health outcomes.
- Depressive and anxiety disorders, suicide and self-harm are among the top ten leading causes of the overall burden in women aged 18-44.
- There is evidence that migrant women have higher rates of perinatal depression and anxiety, which are accentuated by settlement stress, financial hardship and social isolation.
- Migrant women do not have equitable access to perinatal mental health services. Key perinatal mental health services do not have the required resources, capacity and expertise to overcome language and other barriers and to provide a tailored service to migrant women.

KEY RECOMMENDATIONS

- Invest and strengthen intersectional policy development and analysis to ensure that Victorian government policy impacts positively on migrant and refugee women's mental health. For example, analysis and evaluation of the mental health system and service delivery options should address the multiple forms of disadvantage and barriers to accessing services for migrant and refugee families, including racism and discrimination in service delivery, and language barriers.
- Provide ongoing investment to multilingual and ethno-specific organisations to facilitate innovative, tailored education and advocacy for mental health interventions. These programs would be delivered by trained bilingual health educators and work to promote gender and racial equality, increase understanding about women's mental wellbeing, and decrease stigma around women's mental health.
- Remove residency restrictions to ensure that all mental health prevention, support and treatment services and interpreting services are available to migrant women free of charge, regardless of migration status. Support services should be available to all migrant and refugee people on all visa categories in Australia to avoid a multi-tiered system in which certain groups of residents and citizens have access to more support than others.
- Train mental health service staff and the interpreting workforce in gendered, cross-cultural awareness.
- Provide ongoing investment to mental health services to offer comprehensive, culturally and linguistically appropriate support and case management to migrant women.
- Recognise that many technology-based modes of service delivery further exacerbate the digital divide as they exclude migrant and refugee women from accessing timely early intervention services.
- Ensure that migrant and refugee women have access to multilingual information about women's mental health and wellbeing related services.
- Co-design future support services with migrant and refugee women who may be experiencing mental illness and their carers: Engage migrant and refugee women in the co-design of service options through active outreach and consultation by bi-cultural staff.
- Develop innovative education and advocacy interventions that are specifically tailored for migrant and refugee women and involve representatives of migrant communities, and women in particular.
- Develop community-based initiatives to promote social cohesion and the development of social networks within migrant communities. Community groups that are accessible to migrant women and responsive to their needs have been shown to reduce the risk of developing mental health issues.
- Provide continuing funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive mental health information that meets the needs of migrant and refugee women and non-binary people in Australia.

KEY POLICY FRAMEWORKS

- Royal Commission into Victoria's Mental Health System 2021

Sexual and Reproductive Health

WHAT IS NEEDED: THE ADVANCEMENT OF MIGRANT AND REFUGEE WOMEN AND GENDER DIVERSE PEOPLES' SEXUAL AND REPRODUCTIVE HEALTH AS IT IS **ESSENTIAL TO ACHIEVING HEALTH, GENDER, AND SOCIAL EQUITY**.

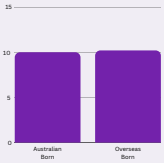
MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

18% Higher

Higher rates of major depressive disorder during pregnancy

Pregnant refugee women report higher rates of major depressive disorder (32.5%) in the antenatal period compared with pregnant Australian-born women (14.5%) (Rees et. al 2019).

Rees S, Fisher JR, Steel Z, Mohsin M, Nadar N, Moussa B, Hassoun F, Yousif M, Krishna Y, Khalil B, Mugo J, Tay AK, Klein L & Silove D (2019) Prevalence and risk factors of major depressive disorder among women at public antenatal clinics from refugee, conflict-affected, and Australian-born backgrounds, JAMA Network Open, 2(5).



Higher rates of perinatal deaths

The rate of perinatal deaths for overseas born mothers (10.2) is higher than for mothers born in Australia (10).

Australian Institute of Health and Welfare. (2022). Australia's mothers and babies.

11% Lower

Lower rates of BreastScreening for Non-English speakers

People who speak a language other than English at home typically have lower screening rates in BreastScreen Australia than those who only speak English at home (40.2% compared with those who speak English only at 51.5% in 2019-2020) (AIHW 2022)

*Australian Institute of Health and Welfare. (2022). BreastScreen Australia monitoring report 2022. Canberra: AIHW.

WHAT RESEARCH SHOWS

Available research shows that compared to Australian-born, non-Indigenous women, migrant and refugee women are:

- At greater risk of suffering poor maternal and child health outcomes.
- At greater risk of contracting a sexually transmitted condition such as HIV and hepatitis.
- More likely to experience prolonged and severe family violence and more likely to experience barriers to accessing support.
- Less likely to have evidence-based, in-language and culturally appropriate information about contraception and more likely to experience barriers to sexual reproductive healthcare, including abortion care and support services.

KEY RECOMMENDATIONS

- Invest and strengthen intersectional policy development and analysis to ensure that Australian government policy impacts positively on migrant and refugee women's sexual and reproductive health.
- Develop innovative education and advocacy interventions that are specifically tailored for migrant and refugee women and involve representatives of migrant communities, and women in particular.
- Remove residency restrictions to ensure all sexual and reproductive health prevention, early intervention, support and treatment services and interpreting services, are available to migrant women free of charge, regardless of migration status. Support services should be available to all migrant and refugee people on all visa categories in Australia to avoid a multi-tiered system in which certain groups of residents and citizens have access to more support than others.
- Train sexual and reproductive health service staff and the interpreting workforce in gendered, cross-cultural awareness.
- Ensure that migrant and refugee women have access to multilingual information about women's sexual and reproductive health and related services.
- Co-design future support services with migrant and refugee women and engage migrant and refugee women in the co-design of service options through active outreach and consultation by bi-cultural staff.
- Develop a national framework for collecting disaggregated sexual and reproductive health data.
- Provide continuing funding and support for a peer-based, community-led, multilingual health educator workforce to enable them to deliver free, accessible, and culturally and linguistically responsive sexual and reproductive health information that meets the needs of migrant and refugee women and non-binary people in Australia.

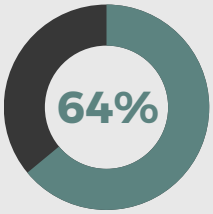
Read the 'Act Now' Report from MCWH on Advancing Health Equity in SRH

Read the 2021 Data Report on Sexual and Reproductive Health produced by MCWH

Workplace Safety and Wellbeing

WHAT IS NEEDED: A GREATER UNDERSTANDING OF INTERSECTIONAL FACTORS WHICH INTERSECT WITH GENDER INEQUALITY AND HAVE A **DISPROPORTION IMPACT ON MIGRANT AND REFUGEE WOMEN** AND GENDER DIVERSE PEOPLE IN THE WORKFORCE

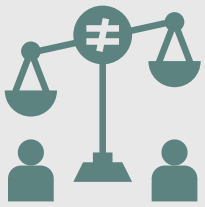
MULTICULTURAL CENTRE FOR WOMEN'S HEALTH



of women experienced bullying at work

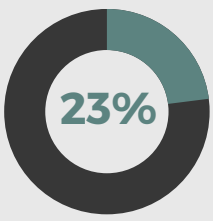
64% of surveyed women experience bullying, harassment of violence in their workplace.

Victorian Trades Hall Council Survey, 2017



Women are more likely to receive unfair treatment because of their gender

Potter RE, Dollard M, Tuckey MR. Bullying and harassment in Australian workplaces: results from the Australian workplace barometer 2014/15; 2016



of the home care workforce was born overseas

National Institute of Labour Studies 2017

Read the Equality@Work report from the Multicultural Centre for Women's Health and Mercy Health

WHAT RESEARCH SHOWS

- Migrant and refugee women and gender-diverse people regularly find themselves as a minority in the workplace, in most cases being both the gender and racial minority. They may face bullying resulting from the intersectional effects of both sexism and racism.
- Many factors that 'push' migrant and refugee women and non-binary people into low paid roles in sectors such as aged care, are directly related to structural marginalisation and racial inequality and often make them more vulnerable to violence.
- Migrant and refugee women and non-binary people occupy disproportionately underpaid, precarious and essential front-line roles even though they contribute significantly to Australian social and economic systems.
- Systemic disadvantages have a significant impact on the health and wellbeing of migrant and refugee women and gender-diverse people.
- Workplaces and organisations are key settings for primary prevention activities, as they provide significant opportunity to reach large populations, and influence organisational culture, working environments and practices, and social norms and relationships.
- Women's economic equality and workforce participation are essential components of women's economic security and their safety.
- Workplaces might be one of the few places where migrant and refugee women have access to information and resources about gender equality and capacity building.

KEY RECOMMENDATIONS

- Provide in-language information about health, wellbeing and safety to women about their rights in the workplace as they enter the workforce.
- Develop and implement tailored workplace-based gender equality initiatives led by migrant women and addressing the different structural inequalities women face in the workplace and provide opportunities for leadership, training pathways and recognition of women's skills and qualifications.
- Address the gender pay gap by supporting wage increases for workers in health care, aged care, childcare and teaching, commensurate with male-dominated professions which require equivalent qualifications.
- Address the exploitation of migrant workers by holding to account employers who perpetrate wage theft.
- Address sexual harassment in workplaces where migrant and refugee women work.
- Provide on-going investment to prevent gender and race discrimination in workplaces and promote equity within the Australian labour force.

KEY POLICY FRAMEWORKS

The Gender Equality Act 2020 and what it means to us from the Gender Equality Commissioner