

SUBMISSION TO THE ROYAL COMMISSION INTO FAMILY VIOLENCE (VICTORIA)

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ABOUT THE MULTICULTURAL CENTRE FOR WOMEN'S HEALTH

This submission has been developed by the Multicultural Centre for Women's Health (MCWH), the national voice for immigrant and refugee women's health and wellbeing.

MCWH is a Victorian women's health service established in 1978 that works both nationally and across Victoria to promote the health and wellbeing of immigrant and refugee women through advocacy, social action, multilingual education, research and capacity building. MCWH is partially funded through the Victorian Department of Health and Human Services as a part of the Victorian Women's Health Program.

Reflecting the expertise of MCWH, this submission provides specific comment about family violence as it relates to immigrant and refugee (or CALD) communities,¹ with a focus on policy, primary prevention, research and early access to services. The submission is based on a review of current Australian and international literature on violence against immigrant and refugee women, as well as on MCWH's primary prevention activity and consultations with key stakeholders, including the outcomes of the recent Opening Doors: Supporting CALD Women Experiencing Family Violence, facilitated by MCWH and conducted by the Darebin Council. All references and appendices may be found at the end of the document.

¹ The term 'immigrant and refugee' refers to people who have migrated from overseas, and their children. It includes people who are a part of both newly emerging and longer established communities, and who arrive in Australia on either temporary or permanent visas.

1. INTRODUCTION

Immigrant and refugee communities, made up of people born overseas and their children, constitute 46.8% of the Victorian population. Almost a quarter of Victorians speak a language other than English at home (Australian Bureau of Statistics 2011). Current estimations of population growth in Victoria indicate that migration numbers are growing steadily across the state, with approximately 105,700 overseas born women joining the Victorian community between 2001 and 2010 (Office of Multicultural Affairs and Citizenship 2013).

Violence against women occurs in all Victorian communities and across all cultures. While there are differences in the way that violence is enacted across cultures and social contexts, there is no evidence to show that any one immigrant/refugee community or culture is any more violent than another (Volpp 2001; Murdolo and Quiazon 2015).

Due to structural inequalities, immigrant and refugee women as a group are more vulnerable to violence, and have a lower level of access to family violence services. Immigrant and refugee women experience a range of barriers when they act on family violence, and as a result are under-represented as participants in early intervention programs, and over-represented as crisis service users.

There is significant diversity among immigrant women in their experiences of violence, based on:

- visa category – temporary or permanent;
- whether newly-arrived or longer established;
- precariousness of employment;
- age and generation;
- socio-economic status;
- visible minority status.

Structural factors that increase women's vulnerability to violence include:

- Migration policy and legislation that reduce women's access to rights;
- Structural racism in the workplace and the education system;
- Racial and gendered stereotyping of immigrant and refugee women as being more passive, and of their cultures being inherently violent;
- Intersections with gender, race, age, employment status, and other factors;
- Lack of access to appropriate early intervention and prevention programs.

Policy relating to violence against women is insufficiently inclusive of immigrant and refugee community experiences and needs. Statements of 'diversity' tend to be tokenistic and lack follow-through into implementation of programs and allocation of funding.

Early intervention and prevention programs that are specifically targeted to immigrant and refugee communities, and that are effective and meaningful, are poorly funded and limited in number, scope and reach.

2. POLICY AND PROGRAM DEVELOPMENT

WHAT NEEDS TO CHANGE

- a. The definition of family violence that is commonly adopted in Victoria is not adequately inclusive of the specific forms of violence that immigrant and refugee women experience. Cross cultural understandings of what violence means to women, as well as the culturally specific forms of abuse that women experience, need to be incorporated into policy (Sokoloff and Dupont 2005). The Royal Commission into Family Violence Issues Paper draws on the definition of family violence stated in the Victorian *Family Violence Protection Act 2008* and states that: “family violence may involve partners, siblings, parents, children and people who are related in other ways. It includes violence in many family contexts, including violence by a same sex partner, violence by young people against parents and siblings, elder abuse, and violence by young people against parents and siblings, elder abuse, and violence by carers in a domestic setting against those for whom they are responsible”. While this definition incorporates a broad understanding of ‘family’, and ‘family context’ this may not include the broad range of domestic settings and living arrangements within which many immigrant and refugee women experience violence, such as international student or migrant worker housing, extended family and community that does not live together.
- b. Immigrant and refugee women experience a broad range of different forms of family violence, including violence that is associated with, and exacerbated by, some of the social and structural consequences of migration and settlement (Price 2012). These consequences are by no means inevitable, but are part of the concrete realities of immigrant and refugee women’s lives in Victoria. They include:
 - Public expressions of racism in the community;
 - Structural racism in the labour force and education;
 - Social isolation due to language and cultural barriers;
 - Precarious visa status and the associated limitations on opportunities for equality, civic participation and citizenship.
- c. Some Australian visas restrict women’s access to health care, income support or work rights, which can leave women without an income and thus completely dependent on their spouses for funds and access to health care. Such circumstances increase women’s vulnerability to sexual exploitation, sexual harassment, financial hardship and poor health

outcomes. International students and migrant workers on temporary visas experience a heightened vulnerability to violence, not only in the family home, if they are on a spouse visa attached to their partner's temporary visa, but also in other domestic settings such as student housing and worker accommodation, particularly in rural areas (Polsjki 2011).

- d. Research indicates that perpetrators use spousal visas as a tool to further perpetrate and complement other forms of family violence (Sullivan et al 2005). Deportation threats, and fear of further persecution in country of origin, even if threats are unfounded, keep women in a state of fear for themselves and their children, and make women reluctant to report family violence, seek assistance, or leave the violent situation (Allimant and Ostapiej-Piatkowski 2011; Australian Muslim Women's Centre for Human Rights 2011; Abraham 1998; Akinsulure-Smith et al 2013). Other specific forms of violence against immigrant and refugee women include: international child abduction in custody cases, threats to harm family and/or children overseas, polygyny, hiding or destroying legal or migration documentation including passports, restricting mobility, giving incorrect legal, migration or religious information, taking money, forcing women to work or preventing women from working or learning English or new skills (Australian Muslim Women's Centre for Human Rights 2011).
- e. The research shows that violence against immigrant and refugee women tends to be long-term and inclusive of multiple forms of violence from the same perpetrator, and in some cases, multi-perpetrator violence, from members of the extended family or close community (Chaudhuri et al 2014; Shiu-Thornton et al 2005; Crandall et al 2005; Sullivan et al 2005; Lee and Bell-Scott 2009; Abraham 1998). In multi-perpetrator violence family members encourage or support the male partner's control and abuse of female partners and children (Chaudhuri et al 2014, Lee and Bell-Scott 2009).
- f. Policy interventions and reforms in Victoria and nationally have not been sufficiently inclusive of immigrant and refugee women's needs and experiences of violence. While many policy and reform documents contain statements of diversity, the lack of follow-through limits the extent to which policy has led to effective gains within immigrant and refugee communities. Inadequate funding has been allocated for policy and program implementation that specifically addresses the needs of immigrant and refugee communities.

Case Study 1

The National Plan to Reduce Violence against Women and their Children 2009-2021 states a commitment to diversity: "...policy solutions to address domestic violence and sexual assault must take into account the diverse backgrounds and needs of women and their children.... [and] be relevant to all Australians

irrespective of their age, sex, sexual orientation, race, culture, disability, religious belief, faith, linguistic background or location” (Commonwealth of Australia 2011). However, that commitment has not yet been adequately transferred into on-the-ground programs or funding allocation.

Under the first action plan of the National Plan a total investment of \$9 million was made in the Respectful Relationships program. A total 26 projects were funded, but only one (3% of funding) was specifically targeted to immigrant and refugee communities. There is no requirement under National Plan funding guidelines to demonstrate cultural relevance, diversity or attention to structural barriers such as culture or language. Nor is there any requirement for evaluations to provide information about whether and how projects may have reached participants from diverse cultural or ethnic backgrounds (Flood and Kendrick 2012).

Case Study 2

In 2012, a CALD prevention initiative was included in Victoria’s Action Plan to Address Violence against Women and their Children (2012-2015). The initiative was to “work with targeted CALD communities ... to raise awareness, provide information and promote leadership on preventing violence against women” (Victorian Government 2012). Despite a \$90 million total investment in the first year of the Plan, none was allocated to the CALD initiative. No activity was commenced until the third year of the plan, at which point a 12-month, \$300,000 allocation was announced.

The ‘CALD project’, also announced in July 2013 as an initiative of the Foundation to Prevent Violence against Women and their Children (now Our Watch), and again in September 2014 as part of the National Plan’s second action plan, remains one of two primary prevention Victoria’s Action Plan investments targeting immigrant and refugee communities. Thus far, funding for primary prevention activity in Victorian immigrant and refugee communities has been inadequate, short-term, and ill-timed.

- g. Primary prevention programs that respond to the needs of immigrant and refugee communities have been limited in their number and scope. Insufficient funding has been allocated to enable universal programs to tailor activity to ensure that it is relevant, meaningful and accessible to immigrant and refugee communities. Accordingly, extremely limited resources have been allocated to primary prevention programs that specifically target immigrant and refugee communities.

- h. Primary prevention programs are geographically scattered, and tend to focus only on specific ethnic groups creating scant coverage across Victoria, and thus undermining the effectiveness of population-based primary prevention.
- i. Existing programs tend to focus excessively on cultural norms and beliefs in immigrant and refugee communities, to the exclusion of a contextual approach that also takes into account the structural inequalities facing immigrant and refugee communities (Sokoloff and Dupont 2005; Volpp 2011; Salter 2015). Programs target issues in the 'Indian', or 'Italian' community for example, addressing a set of assumed cultural factors that are facing women within that community. However, such an approach is limited because of the following reasons:
- It does not tailor programs for the diversity within individual ethnic communities, which includes age, generation, visa category, socio-economic status, language, ethnicity and faith;
 - It does not adequately consider structural factors that impact on women's experiences of violence;
 - It relies too heavily on stereotyped versions of 'culture', defining ethnic culture as traditional and un-changing, which makes it more difficult for women to promote gender equity and challenge family violence (Murdolo and Quiazon 2015).
- j. The primary prevention workforce is still in the early stages of development. The skilled workforce, and particularly the leadership, does not reflect the ethnic diversity of the community. Primary prevention policy and program development promotes gender equity in the community but does not adequately link the development of gender equity in immigrant and refugee communities and the need to build immigrant and refugee women's leadership capacity.
- k. Ethnic community leaders are diverse across ages, roles, sectors, and areas of activity. Community leaders, both male and female, who come from diverse settings such as sporting, media, community organisations, including women's organisations, local government, state government, police, the arts etc., are recognised within communities as people with influence. However, violence prevention activities to date have adopted a narrow definition of 'leader' and have tended to focus attention of the leadership of prominent men within religious and ethnic community organisations (Poljski 2011; Murdolo and Quiazon 2015).
- l. The development of methodologies for effective engagement of immigrant and refugee men is also in the early stages and programs do not have a strong evidence base on which to draw to ensure that programs are effective and meaningful. Accordingly, the distinction between the engagement of men and the leadership of men has been blurred, and misunderstood. The strong connection between the engagement of men and the leadership

of immigrant and refugee women has not yet been built into primary prevention programs (Murdolo and Quiazon 2015).

- m. Violence prevention initiatives are more effective if they are conducted in collaboration and in equal partnership with relevant ethnic community organisations, including ethno-specific women's organisations. Equal partnerships require adequate funding allocated to enable active participation decision-making structures such that equal decision-making is possible (Poljski 2011).

PATHWAYS TO CHANGE

1. Incorporate an intersectional approach across all policy, at all levels to ensure that programs, strategies and related actions are appropriate and meaningful for the target groups, especially those that have been marginalised and previously overlooked.
2. Recognise the specific and diverse inequalities experienced by immigrant and refugee women, with due consideration of women's particular social, political, legal, and economic status as not only women, but also as *immigrants* with varying state entitlements and degrees of civic participation.
3. Recognise the broad range of government policy and legislation that impacts on women's experiences of violence, including immigration, all forms of discrimination, employment, health, education and industrial relations.
4. Further analyse the extent to which temporary and dependency visas exacerbate women's experiences of violence, and work with the Federal government to amend the visa system to improve women's independence and capacity to gain employment and income.
5. Ensure equitable, long term and sustained resource allocation for marginalised groups that have hitherto been excluded from primary prevention programs. For collaboration with ethnic community groups and members to be effective, it must be resourced and supported over the short and long term.
6. Include intersectional questions in measurement and analysis of policy impact to determine differential impact on marginalised women.
7. Resource a skilled and diverse workforce across Victoria that matches the demographic make-up of the community, ensuring that immigrant and refugee women, and their bi-cultural and bi-lingual skills are appropriately utilised and valued.

8. Enhance and foster the leadership of women from immigrant and refugee communities as an integral strategy to build gender equity. Immigrant and refugee feminists who have expertise in the area of gendered violence, should be thought of as a powerful resource and their expertise harnessed in the engagement and understanding of gendered dynamics in their communities.
9. Provide sustained and specific funding to MCWH (1.5 EFT is needed) to expand their brief of providing specialist advice and expertise to key primary prevention stakeholders across Victoria in order to build statewide capacity to develop and implement inclusive, effective and meaningful policy and programs for the benefit of immigrant and refugee communities.

3. RESEARCH AND EVALUATION

WHAT NEEDS TO CHANGE

- a. There has been very little comprehensive research that investigates the specific experiences of violence of immigrant and refugee women as a group in Australia. The majority of research that is conducted about women's experiences of violence excludes immigrant and refugee women due to methodological limitations: web-based and/or written surveys that only enable participation of research subjects who are English speaking, highly literate and web-savvy; or verbal interviews conducted in English only. Some key examples include the Australian Bureau of Statistics Personal Safety Survey (Australian Bureau of Statistics 2012) and the Longitudinal Study on Women's Health.
- b. Community attitudes towards gender equity and violence are key to preventing violence against women. However, research in this area is limited in scope, breadth and cross-cultural application. In-depth, qualitative and contextualised research is lacking and, particularly with respect to immigrant and refugee communities, existing knowledge is insufficient to adequately guide practice. While it is well known that attitudes towards violence against women are more violence-supportive among men than women (Flood and Pease 2006), research comparing knowledge and attitudes across immigrant and refugee communities, and between ethnic majority and minority communities (VicHealth 2014), does not adequately account for cross-cultural differences in understandings and meanings of key concepts in violence prevention, such as gendered difference, family, home, privacy, and community (Ahmed et al 2003; Bhattacharjee 1997; Murdolo 2014).
- c. Existing evaluations of primary prevention programs tend not to evaluate the extent to which programs have been meaningful to, and effective within, immigrant and refugee communities. The very few primary prevention programs that have specifically targeted immigrant and refugee communities have tended not to comprehensively evaluate. In

addition, evaluation is often tied to successful completion and re-funding of projects, which limits the capacity of evaluation to promote learning and improvement (Poljski 2011).

PATHWAYS TO CHANGE

1. Further and more diverse research, providing both qualitative and quantitative data, and exploring the full range of issues, across the full diversity of women and men as they vary according to geography, culture, migration status, age, ethnicity and socio-economic status, is needed to ensure that violence prevention initiatives are meaningful and effective. Best practice research will:
 - adopt feminist frameworks and methodologies;
 - adopt a critical, complex and intersectional analysis of 'culture';
 - be community-led, multilingual and participatory;
 - value and build on women's leadership;
 - centralise women's concerns and priorities;
 - involve key community members in the research design;
 - aim to bring the voices of the research subjects to the fore; and
 - challenge, rather than reinforce, gender and cultural stereotypes.

Case Study 3

The ASPIRE Research Project, funded by the Australian National Research Organisation for Women's Safety (ANROWS) and conducted by the Multicultural Centre for Women's Health, the University of Melbourne and the University of Tasmania is a national community-led project exploring immigrant and refugee women's experiences of violence. Findings will contribute to qualitative knowledge about women's diverse experiences of violence, and will help build the evidence base for improvements to family violence systems across Australia.

4. ACCESS TO APPROPRIATE RESPONSE SERVICES

WHAT NEEDS TO CHANGE

- a. International and Australian based literature shows that immigrant and refugee women have a heightened vulnerability to violence, as well as a range of barriers to access of relevant and appropriate family violence services (Raj & Silverman 2002). A review of violence prevention strategies for immigrant and refugee women in Australia highlights that ‘women marginalised by age, culture, ethnicity, sexual identity and visa status are more vulnerable to violence and are less likely to have the resources to act to report it’ (Poljski 2011).
- b. Immigrant and refugee women, especially those who are in Australia without family and community supports, experience an increased risk of violence due to lack of support networks and knowledge about their rights. In addition, settlement in a new country often brings socio-economic pressure on women, as they struggle to establish appropriate employment, education for themselves and children, housing and community networks (Allimant and Ostapiej-Piatkowski 2011; Poljski 2011).
- c. Immigrant and refugee women are less likely than non-migrant women to report family and domestic violence to police or access mainstream services (ECCV 2013; Allimant and Ostapiej-Piatkowski 2011). If and when they do access the legal/justice system, immigrant and refugee women also face various barriers in progressing through the system (InTouch 2010).
- d. Service usage data indicates that immigrant and refugee women, and Muslim women in particular, as over-represented as users of crisis services, and that they are much less likely to seek assistance or intervention at an early point in the violence (Australian Muslim Women's Centre for Human Rights 2011; Murdolo 2104). Immigrant and refugee women with disabilities experience an even higher level of violence and lower access to appropriate services (Multicultural Disability Advocacy Association of NSW 2010).
- e. Both systemic and personal barriers negatively impact on immigrant and refugee women’s capacity to access appropriate and relevant family violence services.
- f. Systemic barriers include:
 - Refusal of SAAP-funded service due to residency status;
 - Quotas in refuges based on residency or visa status;
 - Refusal of service due to lack of income;
 - Inability of refuges to accommodate women and all children;
 - Inappropriate use of interpreters;
 - Limited access to paid interpreters;
 - No interpreter used, eg. Police communicating through men on family violence call-outs;
 - Services’ limited understanding of immigrant/refugee experience;

- Racism and discrimination;
- Poor recruitment of CALD workers in services;
- Lack of cultural diversity among workers;
- Lack of information in community languages (Allimant and Anne 2008; Murdolo 2014).

g. Personal barriers include:

- threats of deportation;
- precarious residency status;
- lack of or limited access to independent income; especially while permanent residency is being determined;
- communication difficulties;
- fear;
- stigma;
- isolation (both as a part of the violence, as well as if women report);
- cultural and spiritual barriers;
- gendered socialisation;
- lack of understanding of what constitutes violence;
- lack of knowledge of rights,
- lack of access to information (Allimant and Anne 2008).

PATHWAYS TO CHANGE

1. Ensure women have access to early intervention, in-language information and education about family violence in their own cultural and structural context, delivered in appropriate and meaningful ways. Outreach education by bilingual, bicultural educators is an effective, evidence-based intervention that reaches isolated and un-connected women.
2. Target women from all immigrant and refugee communities, with a specific focus on reaching new immigrant women with appropriate, in-language, on-arrival education about available services. Programs should aim to reach a critical mass of the approximately 40-50,000 new immigrant women who arrive in Victoria each year on temporary and permanent visas.
3. An investment of \$600,000 per year over 3 years would deliver an effective early intervention program conducted by the Multicultural Centre for Women's Health. The program would build on existing infrastructure to expand outreach, in-language education program to provide improve access to family violence services for up to 12,000 immigrant and refugee women each year, resulting in greater early access to family violence services for immigrant and refugee women.

Case Study 4

The Multicultural Centre for Women's Health conducts an outreach, multilingual health education program, specifically tailored for the needs of immigrant and refugee women in Victoria. A team of 18 bilingual, bi-cultural women visit women in community or workplace settings, engaging women in educative discussion designed to promote health and wellbeing.

This low-cost, high-impact program could be expanded to reach a larger number and breadth of women across Victoria, to ensure that information about available family violence services is accessible and widely known at an early, rather than crisis, point of need.

In 2013-14, the MCWH women's health program, incorporating information and education about family violence, made 4,000 contacts in 17 languages with women across Victoria. A further investment of \$600,000 per year in this program would make use of existing infrastructure to enable comprehensive, state-wide reach of information about family violence and available services, to approximately 12,000 women per year.

4. Significantly increase specifically targeted funding to build capacity of the family violence sector to respond appropriately to immigrant and refugee women's needs. Funds should be allocated to both mainstream and specialist services to ensure a streamlined and appropriate response for immigrant and refugee women.
5. Put in place strategies to increase the capacity of family violence services to ensure appropriate and accessible service delivery for immigrant and refugee women. These include capacity to address structural and personal barriers, as well as changes to agencies' organisational culture, philosophy, values, communication so that cross-organisational practice becomes more inclusive.
6. Support workforce diversification strategies within family violence services that aim to match diversity of the service user population with workforce diversity. Make better use of the skills and value of a bilingual and bicultural workforce.
7. Support greater participation of immigrant and refugee women and their communities in family violence service development (Allimant and Anne 2008). Ensure that these include strategies specifically tailored to encourage the participation of women with disabilities (Multicultural Disability Advocacy Association of NSW 2010).

5. SUMMARY OF RECOMMENDATIONS

RECOMMENDATION 1

Incorporate an intersectional approach across policy, at all levels to ensure that programs, strategies and related actions are appropriate and meaningful for the target groups, especially those that have been marginalised and previously overlooked.

RECOMMENDATION 2

Ensure equitable, long-term and sustained resource allocation for marginalised groups that have hitherto been excluded from primary prevention programs. For collaboration with ethnic community groups and members to be effective, it must be resourced and supported over the short and long term.

RECOMMENDATION 3

Recognise the specific and diverse inequalities experienced by immigrant and refugee women, with due consideration of women's particular social, political, legal, and economic status as not only women, but also as *immigrants* with varying state entitlements and degrees of civic participation.

RECOMMENDATION 4

Recognise the broad range of government policy and legislation that impacts on women's experiences of violence, including immigration policy, impacts of differential visa entitlements, all forms of discrimination, employment, health, education and industrial relations.

RECOMMENDATION 5

Further analyse the extent to which temporary and dependency visas exacerbate women's experiences of violence, and work with the Federal government to amend the visa system to improve women's independence and capacity to gain employment and income.

RECOMMENDATION 6

Include intersectional questions in measurement and analyses of policy impact to determine differential impact on marginalised women.

RECOMMENDATION 7

Resource a diverse and skilled workforce across Victoria that matches the demographic make-up of the community, ensuring that immigrant and refugee women, and their bi-cultural and bi-lingual skills are appropriately utilised and valued.

RECOMMENDATION 8

Enhance and foster the leadership of women from immigrant and refugee communities as an integral strategy to build gender equity. Immigrant and refugee feminists who have expertise in the area of gendered violence, should be thought of as a powerful resource and their expertise harnessed in the engagement and understanding of gendered dynamics in their communities.

RECOMMENDATION 9

Build capacity among key primary prevention stakeholders across Victoria to develop and implement inclusive, effective and meaningful policy and programs to improve gender equity and violence prevention within immigrant and refugee communities. This will be achieved by providing sustained and specific funding (1.5 EFT is needed) for MCWH to expand their brief of providing specialist advice and expertise on violence against immigrant and refugee women.

RECOMMENDATION 10

Work together with the Australian National Research Organisation for Women's Safety (ANROWS), and other key researchers with expertise on family violence to conduct, foster and encourage further Victorian-based, participatory and community-led research and evaluation on family violence, with a view to further building the evidence base for effective and inclusive policy, program development and implementation.

RECOMMENDATION 11

Invest \$600,000 per year over 3 years to support an effective early intervention program conducted by the Multicultural Centre for Women's Health. The program will:

- Result in greater early access to family violence services for immigrant and refugee women;
- Reduce complexity of cases for immigrant and refugee women by providing an earlier intervention;
- Build on existing MCWH infrastructure to tailor and expand outreach, in-language education program to provide improve access to family violence services for up to 12,000 immigrant and refugee women each year;
- Target women from all immigrant and refugee communities, with a specific focus on reaching new immigrant women with appropriate, in-language, on-arrival education about available services. Approximately 50,000 new immigrant women arrive in Victoria each year.

RECOMMENDATION 12

Significantly increase specifically targeted funding to build capacity of the family violence response sector to respond appropriately to immigrant and refugee women's needs. Funds should be allocated to both mainstream and specialist services to ensure a streamlined and appropriate response for immigrant and refugee women.

RECOMMENDATION 13

Put in place strategies to increase the capacity of family violence services to ensure appropriate and accessible service delivery for immigrant and refugee women. These include capacity to address structural and personal barriers, as well as changes to agencies' organisational culture, philosophy, values, communication so that cross-organisational practice becomes more inclusive.

RECOMMENDATION 14

Support workforce diversification strategies within family violence services that aim to match diversity of the service user population with workforce diversity. Make better use of the skills and value of a bilingual and bicultural workforce.

RECOMMENDATION 15

Support greater participation of immigrant and refugee women and their communities in family violence service development (Allimant and Anne 2008). Ensure that these include strategies specifically tailored to encourage the participation of women with disabilities (Multicultural Disability Advocacy Association of NSW 2010).

6. MORE ABOUT MCWH: PREVENTION, RESEARCH & EARLY ACCESS TO SERVICES

MCWH works across Victoria to provide research, expert advice, and professional development to key stakeholders on the prevention of violence against immigrant and refugee women. It does this through research and publication, participation in advisory groups and committees, written submissions, training and seminar programs, and presentations of our work. MCWH also works directly with women in the community providing capacity building and multilingual education on women's health and wellbeing, including on violence against women, through the use of trained, community-based, bilingual health educators.

Multilingual Education

A team of 18 highly trained and expert bilingual, bi-cultural health educators works directly with immigrant and refugee women in workplace, community and prison settings, making up to 4,000 contacts each year across the state. Group-based, in-language education is delivered in both rural Victoria and metropolitan Melbourne, over a period of 4-10 weeks, with the aim of building rapport, knowledge, and awareness of key women's health issues over time. Topics include violence against women. In-language education, information, written and audio-visual resources are provided and women are referred to health and welfare services. This program aims to increase immigrant and refugee women's early access to the services they need to prevent health problems and to enable early intervention.

Professional Development

Training and professional development programs are delivered to a range of key services, including women's health, ethno-specific organisations, settlement services, migrant resource centres, local councils and other relevant services across Victoria. Programs and seminar programs aim to build capacity among key services to work appropriately with immigrant and refugee women, men and children in family violence response, and in the area of violence prevention.

Publications

- Murdolo, A. & R. Quiazon (2015) Working With Men from Immigrant and Refugee Communities to Prevent Violence Against Women. White Ribbon Research Series Paper, forthcoming.

- Murdolo, A. & R. Quiazon (2015) Bringing the Margins to the Centre. Our Watch Think Piece Paper, forthcoming.
- Murdolo, A., (2014) 'Safe Homes for Immigrant and Refugee Women in Australia: Narrating Alternative Histories of the Women's Refuge Movement in Australia', *Frontiers Journal of Women's Studies*, 5 (3): 126-153.
- Poljski, C., (2011) *On Her Way: Primary Prevention of Violence against Immigrant and Refugee Women in Australia*. MCWH, Melbourne.
- Poljski, C., (2010) 'CALD Background Paper to the Victorian Government's State Plan to Prevent Violence Against Women 2010-2020', MCWH, Melbourne.

Research Projects

ASPIRE: Analysing Safety and Place in Immigrant and Refugee Experience. A research project on the topic of immigrant and refugee women's experiences of violence, with University of Melbourne and University of Tasmania, funded by Australia's National Research Organisation on Women's Safety (ANROWS).

Advisory Groups and Committees

- Violence Against Women and Children Forum, Victorian Government, current.
- Culturally and Linguistically Diverse (CALD) Community Prevention of Violence Against Women Project Advisory Committee, Our Watch, current.
- Violence Against Women and Children Ministerial Advisory Group, Victorian Government, March 2013 to January 2015.

Written Submissions

- Submission to the Australian Senate's Finance and Public Affairs Administration References Committee into Domestic Violence in Australia, 7 August 2014.
- Submission to Foundation to Prevent Violence Against Women and Children, 23 September 2013.

- Submission to the Action Plan Consultation Framework for Addressing Violence Against Women and Their Children, Victorian Department of Human Services, 23 March 2012.
- Submission to the Family Violence and Commonwealth Laws: Immigration Law, Australian Law Reform Commission, 11 April 2011 (with DV Vic., In Touch Multicultural Centre against Family Violence, Domestic Violence Resource Centre, Victorian Women Lawyers and Asylum Seeker Resource Centre).

Presentations

- Adele Murdolo, 'Primary prevention of violence against women: approaches in an Australian multicultural context', *Panel presentation: Considering Context: how should we adapt methodologies and intervention strategies for different jurisdictions, communities and countries?* UNSW Inaugural Asia-Pacific Conference on Gendered Violence and Violations, Sydney, 10-12 February 2015.
- Adele Murdolo, 'Frameworks for action: working with refugee and asylum seeker women on violence against women', Opening Doors, Darebin Council, 17 June 2014.
- Adele Murdolo, 'Violence prevention among immigrant and refugee communities in Australia: A faith-leader approach?', International Women's Conference: Connecting for Action in the Asia-Pacific Region, Cairns Institute, James Cook University, 13-14 June 2012, Cairns.

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- Allimant, A. and Ostapiej-Piatkowski, B. (2011) *Supporting women from CALD backgrounds who are victim/survivors of sexual violence: Challenges and opportunities for practitioners*. Australian Centre for the Study of Sexual Assault WRAP, No. 9.
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Appendix to the Submission

Opening Doors: Supporting CALD Women Experiencing Family Violence

Thursday 14 May 2015

On Thursday 14 May, the City of Darebin Council held a service provider forum, as part of its work to strengthen prevention of violence against women in CALD communities.

While it is understood that violence occurs across all cultures and communities, some CALD women may experience additional barriers in accessing safe and appropriate support services. The forum focused on enhancing local responses to CALD women and children and explored opportunities for the prevention of violence before it occurs. 48 workers attended the forum, with representation from women's health, ethnic communities council, migrant and settlement services, community health, family violence services, state agencies, women's crisis accommodation and education providers.

The forum was facilitated by the Multicultural Centre for Women's Health and included guest presentations and panel responses from Berry Street Family and Domestic Violence Service, InTouch Multicultural Centre Against Family Violence, Darebin Community Legal Centre, Women's Health in the North and Victoria Police.

Forum Discussion and Outcomes

As well as providing information to participants about some of the services and process for referral and prevention, it also provided opportunities to reflect on ways in which the current systems and services could be improved. Participants discussed challenges relating to both prevention and response.

Blue sky ideas – these were generated throughout the forum, from presentations, panel responses and group discussions.

- Provide intake services in local and appropriate locations
- Provide options for bicultural / bilingual worker
- Develop and provide holistic information, support, assessment, in partnership with women
- Increase focus on perpetrator accountability, access to men's behaviour change program
- Make a family violence worker available at police stations and during joint visits
- Support the woman and children to remain at home (not the perpetrator)
- Improved court support

- Operate according to a feminist and human rights framework
- Prioritise safety
- Ensure services are mindful of pre-migration experiences
- Reform policy to ensure independent visa status – eg. not dependent on spouses
- Provide free, accessible, bilingual legal advice, representation and case management at all stages through to the final hearing
- Ensure access to all services and rights, regardless of visa status
- Employ women who have been through crisis to run support groups
- Provide more services for men who use violence

Workshop Activity: Developing Primary Prevention Activities

Informed by intersectional, feminist and human-rights based approaches, participants discussed primary prevention initiatives in small groups, with a focus on preventing violence at a structural, organisational, community and individual level.

Structural Level

- Royal Commission into Family Violence provides an opportunity to influence the structures required for primary prevention
- Family law and immigration law are an opportunity – however are currently male focused
 - Visas status is prohibited women from being 'independent'
 - Welcome to Australia booklets are an example of education and prevention within the immigration law
- All of this needs to be considered within the current patriarchal structures that exist

Organisational level

- Need for good/equitable policies and practices
- Management to take leadership of PVAW
- Workplace family violence policies provide space for prevention
- Staff training around response
- Embedding gender equity into all policies and practices
- Whole of organisation responses

Community/social level

- Raising awareness and receiving information as a part of settlement process
- Working with communities / leaders / schools
- Building peer/support groups and including gender education
- Having conversations about gender equity

- Parenting skills to include gender
- Media plays a big role in community messages
- Addressing intergenerational conflict

Individual/personal level

- Gender roles / socialisation / femininity and masculinity / learned behaviours / privacy of the home
- Highlighting the subtleties of inequity in Australia
- Personal acceptance of responsibility
- Early childhood educations and promoting positive gender roles
- Education for respectful relationships

Where to from here:

- MCWH will write short summary of the forum for the Royal Commission into Family Violence on behalf of the Opening Doors Series and Darebin City Council
- Darebin will use the findings and learning from the forum to consider their next iteration of the Preventing Violence Against Women Action Plan – which also addresses secondary interventions
- Darebin City Council will continue to support the local service system and enhance local responses for women and children

Initial ideas for Darebin to support this work to continue:

- Darebin to create a training partnership to support the delivery of culturally sensitive CRAF
- Darebin to continue to highlight CALD specific responses through the Darebin Domestic Violence Network