

# SUBMISSION TO THE VICTORIAN GENDER EQUALITY STRATEGY

Developed by the Multicultural Centre for Women's Health

18<sup>TH</sup> March 2016

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This submission has been endorsed by the following regional and state-wide women's health services:

- Women's Health In the North
- Women's Health in the Southeast
- Women's Health East
- Women's Health West
- Women's Health and Wellbeing Barwon South West
- Women's Health Grampians
- Women's Health Goulburn North East
- Gippsland Women's Health
- Women's Health Victoria
- Women with Disabilities Victoria
- Positive Women Victoria

MCWH endorses the submission of the Women's Health Association of Victoria, the peak body for women's health services funded under the Victorian women's health program. We also outline our support for submissions submitted by the state-wide women's health services and the regional women's health services, who work to advance the health, safety and wellbeing of women and girls across 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<sup>1</sup> 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.

MCWH works across Victoria to provide research, expert advice, and professional development to key stakeholders on improving the health and wellbeing of 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, across a wide range of issues and topics, 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. 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 supporting their health and wellbeing needs.

### *Research and Advocacy*

All MCWH research projects and related activities are underpinned by a robust evidence base and led and implemented by an experienced research team. MCWH aim to ensure that research addresses relevant issues of gender, diversity, culture, and language. For example, the outcomes of MCWH's community-based health promotion projects also contribute to the evidence-base and provide a basis for advocacy.

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<sup>1</sup> 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

MCWH acknowledges that gender inequality among the most diverse and disadvantaged groups of women (including Indigenous women, women with disabilities, and women living in rural and remote communities) are impacted by multiple forms of disadvantage and discrimination. However, different groups will have different experiences of gender, inequality and discrimination.

Given MCWH's role as a national, community based organisation committed to the achievement of health and wellbeing for and by immigrant and refugee women, this submission focusses on the needs of immigrant and refugee women. In other words, inequalities by gender, class, sexuality, and ability are given consideration specifically in relation to immigrant and refugee women.

### 1.1 Intersectionality: a more meaningful approach to diversity

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 (ABS 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 (OMAC 2013).

It is important to recognise that immigrant and refugee women, as with all groups of people, are diverse. In addition to cultural and linguistic diversity, immigrant and refugee women differ from each other according to a range of other factors including: migration status, socio-economic status, education, religion, ethnicity, and sexual orientation. These different factors, or social relations, intersect to create complex social circumstances and positions, which can influence women's needs, interests, opportunities and concerns over time.

An intersectional approach recognises that various groups in society are affected by systemic social, political, and economic disadvantage and discrimination that interact with gender inequality. *All* women experience gender inequality in this intersectional way. For immigrant and refugee who must negotiate life in a new country, there are a range of other factors that prevent their active and equitable participation in social, civic and economic life. These barriers and factors include:

- Racism and discrimination, including racial and gendered stereotyping of different groups of immigrant and refugee women
- Migration policy and legislation that reduce immigrant women's access to rights. For example, lack of or limited access to independent income, especially while permanent residency is being determined
- Refusal of service due to residency status
- Inappropriate use of, and limited access to, professional interpreters; or no interpreter used
- Services' limited understanding of immigrant/refugee experience
- Lack of information in community languages
- Precarious residency status and threats of deportation
- Communication difficulties
- Fear; stigma; and isolation
- Cultural and spiritual barriers
- Lack of knowledge of rights
- Lack of access to information and culturally appropriate services

These intersecting forms of discrimination and disadvantage lead to opportunity and capability gaps that are disproportionately faced by immigrant and refugee women. Gender inequality must therefore be considered in tandem (rather than separately or as an additive) with other forms of systemic disadvantage and discrimination.

## 1.2 Systemic racism leads to structural inequality

All women experience many levels of discrimination and disadvantage and these are a major source of inequality in both the workplace and in public life. However, more attention needs to be paid to the specific types of discrimination and exclusion experienced by immigrant and refugee women (Triggs 2013). Immigrant and refugee are subject to a 'triple jeopardy' of inequality due to their gender, ethnicity and immigrant status and it is this combination of factors that needs to be recognised as the starting point for any analyses of immigrant women's participation in public life.

While discrimination due to race and ethnicity can be found in everyday behaviours that hurt, offend and discriminate, the type of systemic racism found in our institutions can be the most damaging and therefore the greatest barrier to immigrant and refugee women's equality. Research shows that racial discrimination contributes to social and economic disadvantage (Paradies et al 2009), and social and economic exclusion can exacerbate experiences of racial discrimination (Ruteere 2012).

The United Nations Committee on the Elimination of Racial Discrimination has also recognised the ways in which racial discrimination can affect women in special ways. In their *General recommendation XXV Gender Related Dimensions of Racial Discrimination*, the Committee notes:

*The Committee notes that racial discrimination does not always affect women and men equally or in the same way. There are circumstances in which racial discrimination only or primarily affects women, or affects women in a different way, or to a different degree than men. Such racial discrimination will often escape detection if there is no explicit recognition or acknowledgement of the different life experiences of women and men, in areas of both public and private life.*

*Certain forms of racial discrimination may be directed towards women specifically because of their gender, such as sexual violence committed against women members of particular racial or ethnic groups ...Racial discrimination may have consequences that affect primarily or only women, such as pregnancy resulting from racial bias-motivated rape. Women may also be further hindered by a lack of access to remedies and complaint mechanisms for racial discrimination because of gender-related impediments, such as gender bias in the legal system and discrimination against women in private spheres of life.*

(Committee on the Elimination of Racial Discrimination)

The intersection of multiple forms of discrimination creates unique experiences of disadvantage. These unique experiences means that there can be no single group of women (including different groups of immigrant and refugee women) to which all gender equality policies can be applied (Triggs 2013). Of critical importance is an understanding of women's different experiences of gender inequality so that tailored and effective response can be developed.

## 2. WHAT DO WE KNOW ABOUT IMMIGRANT AND REFUGEE WOMEN AND GENDER EQUALITY?

### 2.1 Leadership

- Women's full participation in community and public life and representation as decision-makers and leaders are essential to the advancement of human rights and achievement of gender equality.
- Women are still under-represented in government, business, civil society, and key positions of influence. Immigrant and refugee women, as one specific group affected by multiple forms of disadvantage and discrimination, face additional barriers in achieving both formal and informal leadership positions (Moses & Quiazon 2010).
- Leadership programs should be tailored and made meaningful for specific groups of women to ensure women's full participation. The programs should be led by the women themselves and be based on feminist principles of empowerment and self-advocacy. See, for example, the 'Participate, Advocate, Communicate, Engage' (PACE) best practice program model (Moses & Quiazon 2010), which was developed and led by MCWH and specifically tailored to the immigrant and refugee women participants.
- Men should be actively engaged as partners (rather than as leaders) in the development and implementation of a gender equality strategy.
- Governments can enhance and foster the leadership of immigrant and refugee women by:
  - a. Funding leadership programs that build the capacity of women to participate in civic and political settings
  - b. Ensuring strategies are developed through coalition and equal partnerships with women from relevant communities and settings
  - c. Harnessing the expertise of feminists with knowledge about intersectional approaches and the gender dynamics of their communities
  - d. Ensuring leadership programs occur alongside, and build upon, existing feminist activities conducted with immigrant and refugee women and girls.

### 2.2 Economic Security

- The barriers faced by immigrant and refugee women to equal participation in the workforce are compounded by additional factors including language skills; non-recognition of overseas qualifications; amount of local experience; disrupted education; discrimination; and the ability to network (Bursian 2013). Many immigrant and refugee women also have the additional requirement of negotiating these factors with caring for the family and home.
- Immigrant and refugee women continue to be over-represented in the numbers of unemployed. According to the OECD, the rate of unemployment is highest amongst overseas born women (5.1%) compared to overseas-born men (4.1%), Australian-born men (3.4%) and Australian-born women (4.2%).

- Although combined gender and migrant specific data is difficult to come by, the underemployment rate—10.4% for all women compared to 6.6% for men (ABS 2016)—suggests that the underemployment is much higher for immigrant and refugee women.
- For many immigrant and refugee women, labour market participation often equates to working in jobs for which they are over qualified (Syed and Murray 2009). The jobs performed by immigrant and refugee women are more likely to be under-paid, low-skilled and performed under casual, contract and high-injury conditions with little chance of career development (FECCA 2011).
- Evidence indicates that of all the determinants for immigrant women’s labour participation, one of the most significant is the availability and affordability of childcare (Heron cited in Triggs 2013).
- While Australia’s skilled migration program has continued to grow during the last decade, evidence suggests that the number of migrant women in highly-skilled and/or decision-making positions represents only a minority (FECCA 2013).
- Research suggests that immigrant workers (and particularly those on temporary visas) are more likely to be made even more vulnerable, and therefore exploited, than Australian-born employees in the workplace because of their migrant status (Boese et al 2013). Women on temporary visas, such as international students, are also more susceptible to exploitation and violence (Forbes-Mewett & McCulloch 2016)
- Governments can facilitate and support immigrant and refugee women’s workforce participation by:
  - a. Focusing on women more likely to be affected by workplace discrimination and those more vulnerable to exploitation
  - b. Increasing public services for families, including the provision of culturally appropriate and accessible childcare and universal coverage of parental leave
  - c. Forming partnerships with relevant women’s organisations and community groups to develop and implement schemes to empower women most affected by workplace discrimination and exploitation, including Aboriginal women, immigrant and refugee women, and women with disabilities
  - d. Measuring and monitoring precarious and informal employment situations

## 2.3 Health and Wellbeing

- Socioeconomic position, gender, ethnicity and immigrant status are axes of social inequality that interact to create health inequality (SOPHIE 2015).
- Within every population there are differences in health status between different population groups that produce health *inequalities*, however health *inequities* are a result of avoidable inequalities in health that are socially produced and systematic in their unequal distribution (VicHealth 2015).
- Evidence shows that gender inequalities in health are larger in countries with policies less oriented towards gender equity (SOPHIE 2015).

- Socio-economically disadvantaged women are less likely to take preventative health measures and are more likely to access the health system as an acute service user.
- Current evidence indicates that immigrant and refugee women have poorer health outcomes and are at a greater risk of developing adverse health condition than Australian born women as a result of combination of factors including lack of culturally appropriate information; unfamiliarity with the health system; and access restrictions (MCWH 2010).
- The achievement of sexual and reproductive health and rights is central to advancing women and girl’s empowerment and advancing gender equality (IPPF 2015).
- In Victoria, violence is the leading contributor to death, disability and illness of women aged 15 to 44 years (VicHealth 2004). Sustained efforts in responding to and preventing violence against women is key to improvements in women’s health and wellbeing.
- Equality and safety for all women can only be achieved with specific and intensive effort with communities affected by multiple forms of disadvantage and discrimination, including Aboriginal women; women with disabilities; immigrant women and rural women (Our Watch 2015).
- A specific focus on improving women’s health to advance gender equality can be achieved through:
  - a. the development of a state-wide sexual and reproductive health strategy that is placed within an intersectional framework
  - b. the removal of restrictions to women’s access to sexual and reproductive services for specific groups of women, including Aboriginal women; women from rural and remote areas; international students; and immigrant women.
  - c. the development of evidence-based and culturally relevant education and information.
  - d. Investment and effort in data collection that will provide disaggregated data across core areas relating to gender equality, including gender, age and migrant/cultural background.
  - e. Health equity audits that use an intersectional approach

### 3. ADVANCING GENDER EQUALITY

- An intersectional approach to policy analyses, development, implementation and evaluation will ensure that gender equality frameworks and strategies are inclusive of all women.
- Policies that recognise the differences in the migration experiences of different categories of women, particularly those that have differential access to appropriate services and protections and entitlements.
- Meaningful attention to diversity rather than ‘culture’ can provide a better understanding the diverse and specific forms of gender inequality experienced by immigrant and refugee women.

- Equality for all women can only be achieved with specific and intensive effort for those currently experiencing the most disadvantage.
- Gender equality policies and initiatives that fully consider issues relating to decent work, workplace safety, protection, security and opportunity will help ensure women’s full workforce participation and contribute to lower levels of gender inequality in terms of health (SOPHIE 2015)
- The participation, representation, leadership, and decision-making power of groups that are marginalised or experiencing multiple forms of disadvantage are critical elements in achieving gender equality for all.
- Measuring and monitoring of robust data across core areas relating to gender equality will fill knowledge gaps and will have a significant impact on policy and program interventions.

## 4. OUR RECOMMENDATIONS

### Recommendation 1

Adopt an intersectional approach to policy development, implementation and evaluation to ensure that programs, strategies and related actions are appropriate and meaningful for all women. This approach recognises the broad range of government policy and legislation that impacts on women’s experiences of gender inequality, including immigration policy; impacts of differential visa entitlements; discrimination; employment; health; education and industrial relations.

### Recommendation 2

Build and support an enabling political environment with appropriate legal and governmental architecture so that gender equality for *all* women becomes a reality. Institutionalised mechanisms should ensure the involvement of immigrant women’s organisations and other civil society organisations that have been marginalised and previously overlooked in decision-making processes.

### Recommendation 3

Prioritise the needs of women currently experiencing the greatest inequities. Gender equality for *all* women can only be achieved with specific and intensive efforts for groups affected by multiple forms of disadvantage and discrimination.

### Recommendation 4

Pay more meaningful attention to diversity by recognising the specific 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 5

Enhance and foster the leadership of women from immigrant and refugee communities as an integral strategy to build gender equality. Governments should form partnerships with immigrant and refugee feminists who have expertise in intersectional approaches in the development and implementation of a Victorian gender equality strategy.

## Recommendation 6

Ensure equitable, long-term and sustained resource allocation for marginalised groups that have hitherto been excluded from policies and programs. Increasing funding to immigrant women's organisations will build the capacity of immigrant and refugee women to participate individually and collectively across social, economic, political and public life.

## Recommendation 7

Place greater emphasis and investment in the collection and collation of robust, disaggregated data that will fill knowledge gaps and monitor the measurement of gender equality across a range of indicators, including ethnicity, cultural background and visa status.

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