Who are we? A national voice

Expertise

- Women's health
- PVAW
- Workplace health
- Bilingual health education
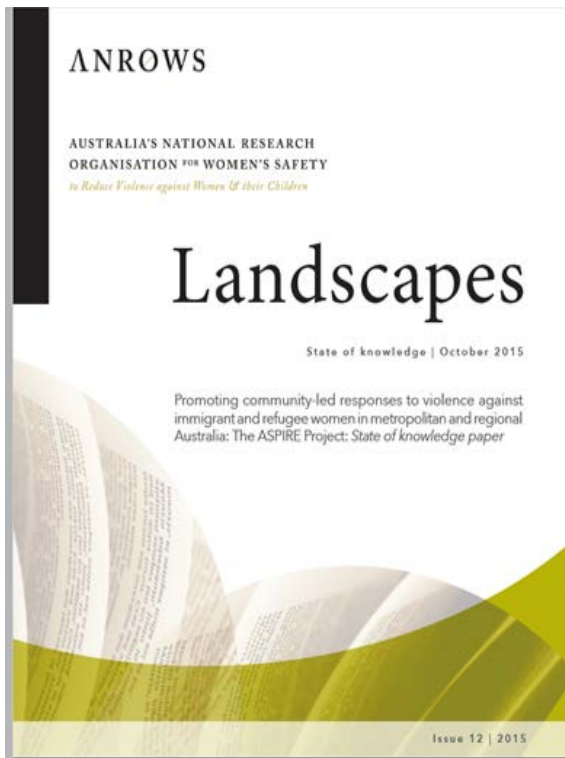- Intersectionality
- Why does MCWH continue to be relevant?
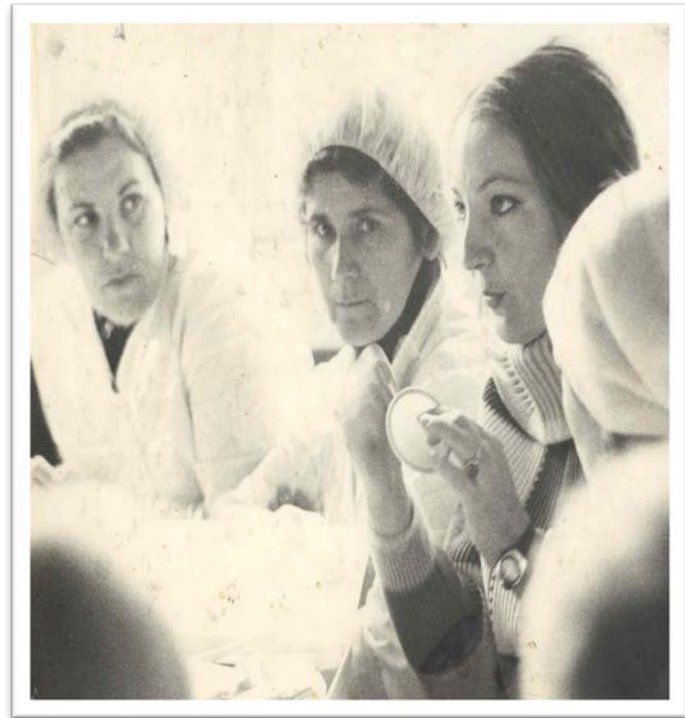
" Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world… Unless these rights have meaning there, they have little meaning anywhere… "

Eleanor Roosevelt

What we know

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

Landscapes

State of knowledge | October 2015

Promoting community-led responses to violence against
immigrant and refugee women in metropolitan and regional
Australia: The ASPIRE Project: State of knowledge paper

Issue 12 | 2015

▶ Immigrant and refugee women experience similar forms of violence. However, there are differences in the types of violence experienced and structural contexts

▶ Multiperpetrator family violence

▶ Impact of violence exacerbated by immigration policy, visa status, settlement

▶ Tend to endure family violence for prolonged periods before seeking help

What is the mainstream?

Marginal? Or marginalised?

The Australian population:

➢ 46% has a direct link to the migration program

➢ 32% born overseas

➢ 20% has at least one parent born overseas

(ABS 2014)

Risk and vulnerability

➢ Women not inherently vulnerable or 'at risk' but made so by policies, structures and systems

➢ The causes of family violence are not the risk factors, or factors contributing to increased vulnerability

A shared understanding

" There is no single cause of violence against women. But current international evidence tells us that it is more likely to occur where gender inequality is ingrained in social, cultural and organisational " structures and practices.

'Change the Story' (Our Watch 2015)

The context and needs of immigrant and refugee women

Systems, norms and practices around migration and settlement can create distinctive forms of disadvantage
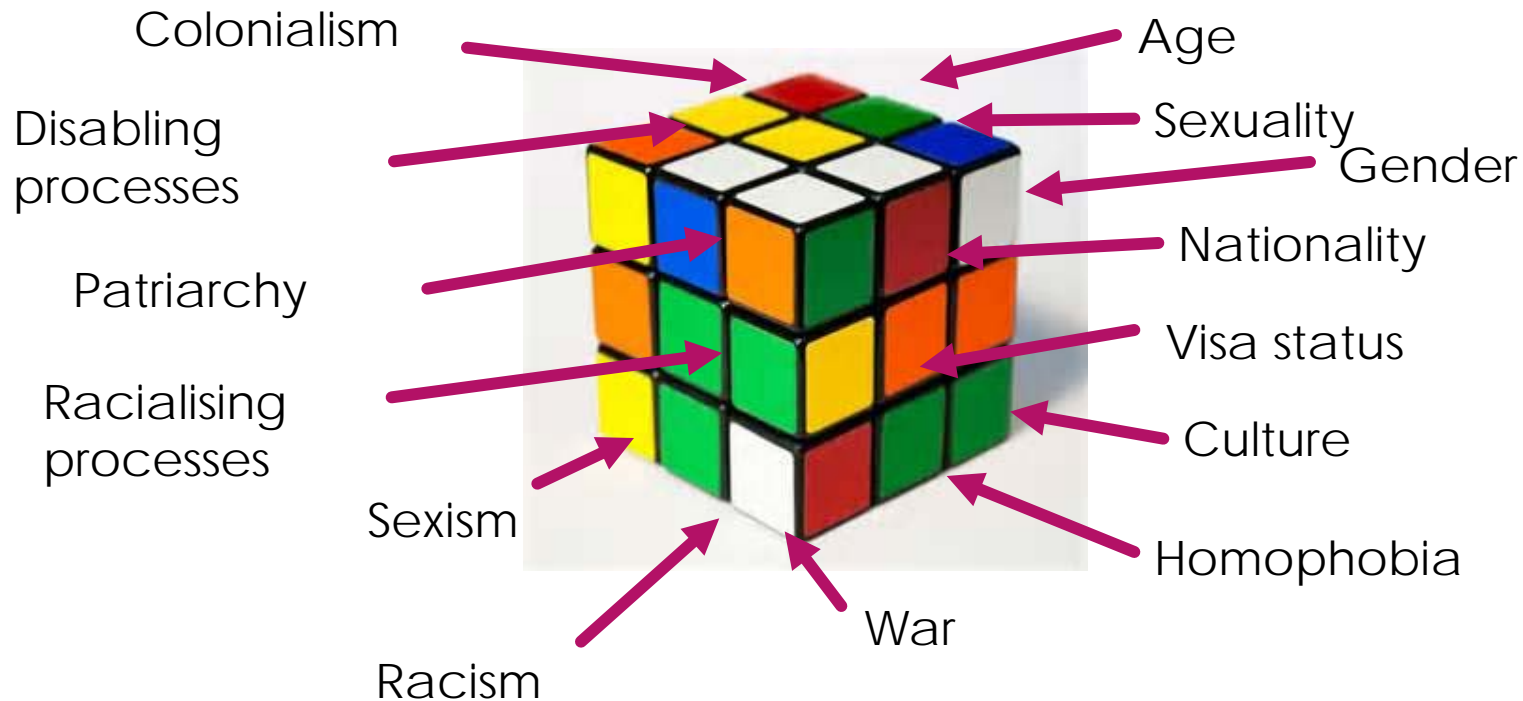
AND

Intersect with a range of contextual (historical, social, economic and political) factors which can lead to racism, sexism and discrimination

Seeking help and promoting responsive service systems

- Highly motivated to find resolutions without family or marriage breakup

- **Perceived risks in seeking help**

- **Lack of familiarity, distrust and concerns with systems and (mainstream) services**

- **Racism and anti-immigration sentiments create barriers**

- Preference for ethno-specific service and/or culturally sensitive service

Put another way...

Colonialism

Disabling processes

Patriarchy

Racialising processes

Sexism

Racism

War

Age

Sexuality

Gender

Nationality

Visa status

Culture

Homophobia

- Promote women's independence and decision-making

- Strengthen positive, equal and respectful relationships

- Through institutional, policy and program responses, tailored to the context and needs of different groups

- **Acknowledge that every interaction is cross-cultural**

- Provide equitable access to services regardless of visa status

- Engage qualified interpreters and professional bicultural workers

- Collaborate with women's ethno-specific/multicultural health organisations

Thank you

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