MIGRANT AND REFUGEE WOMEN IN THE COVID-19 PANDEMIC: IMPACT, RESILIENCE, AND THE WAY FORWARD

National Consultation Report
February 2021

HARMONY ALLIANCE
MIGRANT & REFUGEE WOMEN FOR CHANGE

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Harmony Alliance is one of the six National Women's Alliances funded by the Australian Government to promote the views of all Australian women, to ensure their voices are heard in decision-making processes. Harmony Alliance's purpose is to provide a national inclusive and informed voice on the multiplicity of issues impacting on experiences and outcomes of migrant and refugee women, and to enable opportunities for women from migrant and refugee backgrounds to directly engage in driving positive change. The Harmony Alliance membership comprises over 140 organisations and individuals representing, and working for the advancement and inclusion of, migrant and refugee women.

Harmony Alliance acknowledges the Traditional Custodians of country throughout Australia and their continuing connections to land, sea, community, and culture. We pay our respects to their elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander Peoples. As an organisation focused primarily on the rights and issues of women from migrant and refugee backgrounds, we recognise the ongoing impacts of colonisation and seek to ensure that our work is grounded in respect for the right to self-determination of Aboriginal and Torres Strait Islander Peoples.

We adopt an intersectional, feminist, and human rights-based approach in promoting the voice and participation of women from migrant and refugee backgrounds in Australian society. We acknowledge the diversity of experiences of women from migrant and refugee backgrounds and recognise the inherent value of each person, of all backgrounds, genders, ages, abilities, social standings, sexual orientations, or religions. We promote the principles of dignity, equality, autonomy, non-discrimination, and mutual respect.

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At the end of 2020, Harmony Alliance held a series of consultations with our individual and organisational members across Australia. The consultations focussed on a range of issues concerning the impact of the COVID-19 pandemic on migrant and refugee women. We held separate thematic sessions on the issues of women's health, wellbeing, and safety, economic security, digital inclusion, and experiences of racism. The Alliance's Young Women's Advisory Group (YWAG) also held a targeted session on young migrant and refugee women's experiences during the COVID-19 pandemic.

There was a significant overlap in the concerns raised across all the sessions; for example, mental health impacts of COVID-19 were raised in relation to experiences of violence, racism, job losses, income insecurity, and digital inclusion. The key issues raised also affected different sub-groups of migrant and refugee women differently; for example, experiences with digital inclusion varied significantly between young and older migrant women.

The overarching finding from the national consultation is that the concerns faced by migrant and refugee women in the context of the COVID-19 pandemic are interconnected and mutually reinforcing. Therefore, any solutions to these issues should be holistic and address all areas of migrant and refugee women's lives. At the same time, varying experiences based on different social locations and needs of individuals and sub-groups within the migrant and refugee women's cohort should be taken into account.

Despite the focus of our consultations on the negative impacts of COVID-19 on migrant and refugee women's lives, we heard innumerable heartening stories of resilience, innovation, and leadership demonstrated by migrant and refugee women to help themselves and their communities in the face of adversity. Some examples include groups of women preparing and delivering food to those in lockdown/quarantine; using food delivery as a way of checking on other women's wellbeing and safety and discretely providing information about domestic and family violence services; those with digital literacy and access helping other women with small home-based businesses transition to online trading; and women leading information campaigns about the virus and other related issues within their communities. Moving forward, migrant and refugee women's leadership and innovation should be seen as a key resource to draw upon to enable equitable recovery from the pandemic.

This report presents key issues faced by migrant and refugee women in the context of the pandemic, their resilience and leadership in dealing with the impacts of COVID-19, and essential considerations for policy responses to ensure equitable outcomes for migrant and refugee women in the recovery process.

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The COVID-19 crisis has drawn attention to the mental health impacts of public health measures and their consequences on socio-economic lives of people across the globe. The negative impact of the COVID-19 pandemic on the Australian population is widely recognised, with several national research and data collection projects focussing on this issue[1]. Some of the studies have highlighted significantly higher rates of mental health issues among younger Australians (18 to 34 years). However, none of the existing data shows the extent to which different cohorts of Australian population such as migrant and refugee women have been impacted.

The COVID-19 pandemic exacerbated the pre-existing barriers to accessing health and mental health services. The crisis had a disproportionate impact on migrant and refugee women's mental health as it introduced new stressors and added layers of complexity to their ability to seek help.

Our members consistently raised adverse mental health impacts of the COVID-19 pandemic and highlighted a range of mental health issues such as depression, anxiety, and suicidal ideation based on their personal experiences as well as insights from their networks, communities, and clients. Those who provide services to migrant and refugee women also reported a significant rise in reports of mental health issues experienced by women. A number of causes that contributed to higher levels of mental distress were identified:

- Lack of information about COVID-19 and its consequences, particularly at the beginning of the pandemic and as new waves and outbreaks emerged around Australia and the world.
- Fear and worry about own health and health of loved ones in Australia and overseas.
- Loss of loved ones overseas and long-term compounded grief for not having been able to attend funerals and participate in cultural burial rites.
- Being cut off from families and support networks, and particularly the inability to visit families or have families present for support through critical life events such as childbirth.
- Loss of jobs and family income, economic insecurity, and financial distress
- Uncertainty about the future and feelings of helplessness, particularly among young women who are either studying or completed their studies during or just before the pandemic.
- Increase in experiences of family and domestic violence as well as abuse and control at home.
- Increased burden of caring duties and responsibilities at home.
- Gaps in availability of critical services, especially in rural and remote areas.
- Rise in racial attacks and everyday experiences of racism, both online and in person.
- Strict public health measures reducing social mobility and physical activity.

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! Increased presence of police due to lockdowns and border closures triggering traumatic memories for refugees and survivors of violence.

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Some of the causes of mental distress identified by migrant and refugee women can be described as similar to the wider population of Australia, while others are unique to their experiences and circumstances as migrant or refugee women. Regardless of whether their concerns are shared with the wider population or not, migrant and refugee women experience additional barriers to accessing mental health services—including communal stigma—culminating in far worse outcomes for them. They often have to go through the "obstacle race" to accessing help, which was made even more challenging by the COVID-19 pandemic[¨].

So far, none of the large-scale studies of mental health impacts of COVID-19 in Australia have collected disaggregated data on experiences of migrant and refugee women. In addition to anecdotal evidence and qualitative data shared by members of Harmony Alliance, a number of media reports have highlighted the mental health issues faced by migrant and refugee women in the context of the pandemic.

An August 2020 media article[#] highlighted stories of some migrant women who had suffered serious mental health consequences of COVID-19. Ms Martanti, "mother-of-two, who migrated to Australia from Indonesia in 2005, said she had been diagnosed with 'high functioning anxiety' a few years ago, but the 'accumulation of feelings' triggered by the lockdowns had

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worsened her mental health", reported ABC. Similarly, "a Chinese mother in Perth … said her anxiety increased with the growing number of confirmed cases in Australia during the first wave. She had postpartum depression a few years after she migrated to Australia in 2006,

and was later diagnosed with a major depressive disorder. Her mental health worsened recently after she realised the pandemic had made it too difficult to go back to China to visit her father, who was hospitalised after a stroke earlier this year… 'I couldn't do anything when I experienced a relapse [of my depression]. I just slept day and night for eight weeks,' she said".

Addressing the significant impact of the pandemic on migrant and refugee women's mental health and its likely long-term effects necessitates holistic prevention, recognition, and response mechanisms.

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- ! Strategies to raise awareness about mental health impacts of COVID-19 and encourage help seeking behaviours among the communities will be more effective among migrant and refugee women if they acknowledge and address cultural and communal stigma experienced by women in migrant and refugee communities.$
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- ! Addressing cultural and linguistic complexities when accessing mental health services will facilitate better access and encourage more migrant and refugee women to reach out for help. $

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- ! Embedding both gender and cultural responsiveness across existing mental health service provision will facilitate better experiences for migrant and refugee women as well as wider uptake through word-of-mouth among women in the community.$

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- ! Collecting disaggregated data on the impacts of COVID-19 on mental health of all Australians will enable a more comprehensive understanding of the experiences of a range of population cohorts, including migrant and refugee women.$

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The COVID-19 pandemic has further exacerbated the pre-existing barriers for migrant and refugee women accessing health, justice, safety, and other fundamental services[$] and affected their access to critical services.[%] Our members reported difficulty accessing health care, judicial services, emergency relief, family and domestic violence services and other support services during the pandemic. Migrant and refugee women in regional and remote areas, older women, women with disabilities, and women of colour were amongst the worst impacted. Women identified various reasons for increased difficulties in accessing support and services:

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- Lack of digital literacy and devices required to access online services.$
- Lack of interpreting service provision available in their localities.$
- Inability to safely access services such as legal assistance, mental health and sexual and reproductive health services, and domestic and family violence support from their homes.$
- Fear of being racially profiled by police when going out for health appointments during lock downs.$
- Postponing non-emergency needs such as those relating to chronic health conditions due to the pandemic.$
- Increased control from partners or families at home.$
- Visa conditions that locked certain cohorts of migrant and refugee women out of critical services during the pandemic.$

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Ensuring that all women can access critical services when needed is vital to implementing an equitable COVID-19 response and recovery.

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- ! Working closely with migrant and refugee women's organisations to understand barriers preventing their access to critical services will facilitate an informed and inclusive approach to bridging service gaps as part of the response.

- ! Providing access to a range of online and offline channels of service delivery will maximise inclusion and access for migrant and refugee women with varying needs and circumstances.$

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- ! Providing gender and cultural responsiveness training to all frontline workers delivering critical services to communities, including via online channels and in rural and remote areas, will improve access and experience for migrant and refugee women and broader communities.$

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- ! Consideration of safe digital spaces should be prioritised in future service planning and delivery.$

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- ! Continuity of critical services for all communities should be considered in view of public health measures. $

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An alarming rise in the occurrence of family and domestic violence during the pandemic has been a global phenomenon, recognised as “the shadow pandemic” by UN Women[&] and the World Health Organization[']. Australia is no exception; several studies and reports have demonstrated an increase in incidents of family and domestic violence experienced by women

in Australia. Of particular note are reports from the Australian Institute of Criminology[(] and Monash University[)].

Migrant and refugee women in Australia have also been impacted by a rise in incidents of family and domestic violence. A significant increase in number of referrals for migrant and refugee women experiencing violence has been reported by specialist domestic and family violence services—both mainstream[!*] and those specifically catering to women from culturally diverse backgrounds[!!]. Our members also shared concerns about a disturbing upsurge in migrant and refugee women’s experiences of violence during the pandemic, based on anecdotal evidence from their communities and an increase in calls for help to their organisations.

Some of the drivers behind the rise in incidents of violence experienced by migrant and refugee women are the same as for other women: stay-at-home orders, physical distancing and other public health measures leading to isolation, spending extensive periods of time enclosed in homes with their abusive partners and families, and an amplification of other factors that are known drivers of men’s violence against women such as unemployment, income loss, increased use of alcohol or drugs, declining mental wellbeing and housing insecurity.

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Nevertheless, migrant and refugee women identified some unique contributors to their experiences of violence, including:

- Dependency on partners for residency status in Australia, particularly for women on temporary family stream visas or secondary study/work stream visas.
- Lack of access to government support and services due to visa conditions.
- Absence of trusted social networks and/or families in Australia.
- Linguistic and cultural barriers in seeking help and reporting violence.
- Limited options to return to their home countries and/or to leave with a view to returning to Australia.
- Gendered cultural expectations about roles and caring responsibilities at home.
- Loss of or reduction in family income, adding to stressors at home.

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The intersection of migration regulations and visa conditions with access to support and services is among the most significant contributors to migrant and refugee women's experiences of family and domestic violence. Various studies and media reports have drawn attention to this complexity and its dire consequences for migrant and refugee women—including loss of life at the hands of their partners/families[!"]. COVID-19 pandemic has aggravated the impact of these barriers on women in precarious visa situations and will have long-term implications for migrant and refugee women's safety in Australia.

Migrant and refugee women's specific cultural and circumstantial needs[!#] are central to understanding their experiences of family and domestic violence and ensuring their safety.

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- ! Working closely with migrant and refugee women's organisations will enable better understanding of the impacts of international border closures and other public health measures on women's safety. $
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- ! Ensuring that women experiencing violence can access emergency relief, financial support, and safe accommodation regardless of their visa status is critical. $

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- ! Adequate resourcing of specialist multicultural family and domestic violence services in situations of public health emergencies is necessary to meet the demand for services. $

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- ! Consideration of migration and visa regulations should seek to minimise women's dependency on their male partners, visa sponsors, and primary visa applicants. $

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The COVID-19 pandemic has prompted an economic downturn globally, unprecedented in decades. Australia has entered its first technical recession since 1991, with hours worked falling heavily and underemployment spiking[!$]. Public health measures introduced to curb the spread of COVID-19 have decelerated the economic and population growth Australia experienced in the past years.

While the impact of economic recession is experienced by everyone, certain groups and communities have faced particularly adverse outcomes. People from lower-socio-economic backgrounds, casual and irregular workers, migrants—particularly those on temporary visas, women in low-paid feminised industries, and individuals from racial and ethnic minorities are amongst these groups. Migrant and refugee women belong to many of these categories and often lie at the intersections of various socially and economically disadvantaged positions at the same time.

Despite a lack of disaggregated national data on migrant and refugee women's job losses and unemployment rates during the pandemic, there is sufficient evidence to suggest that they are among the worst affected in Australia. In September 2020, InTouch Multicultural Centre Against Family Violence reported that the demand for their emergency relief program (delivering food and other essentials to migrant and refugee women) had increased by 113%, and the average number of deliveries required each week went up by 40%. Of the people serviced through this program, a third had lost their jobs and another third were unable to find work. Most significantly, 70% of the aid-recipients were ineligible for government support[!%]. Similarly, Australian Red Cross reported that they provided emergency relief to almost 15,000 women on temporary visas with no access to Centrelink support between 1 April and 31 July 2020[!&].

Our members raised loss of jobs and family income and the resulting economic insecurity as one of the most commonly experienced and serious impacts of the COVID-19 on their lives:

- Migrant women in low paid, casual, or precarious employment situations—particularly those in retail and hospitality, care industry, and community sector—are among the worst hit; they were first to lose their jobs and are likely to stay out of work much longer.
- Migrant women in small, home-based businesses and those who had recently started up their initiatives or enterprises lost their income largely due to lack of digital skills or availability of devices to take their products online.

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- Economic insecurity is impacting young migrant women who were studying or completed their studies in 2020. Starting their careers and establishing financial independence is proving a lot more challenging for them in a pandemic-affected job market that was rife with bias and discrimination towards women from migrant and refugee backgrounds even before the pandemic.
- Women on temporary visas experienced or were at high risk of poverty and homelessness after losing their jobs due to lack of income support.
- Migrant women have also been impacted by the job losses of their partners and family members who are often migrants themselves, and in many cases ineligible for any government support.
- Many migrant women financially support families in their home countries; loss of income for them meant economic insecurity not only for themselves and their families in Australia but also those back home, causing multifaceted financial distress.

The impact of the COVID-19 pandemic on women's economic security is of grave concern as Australian women from migrant and refugee backgrounds already had significantly lower economic participation rates than their male counterparts or other Australian women[!'] . Recently migrated women also had substantially higher unemployment and underemployment rates as compared to recently migrated men[!(] . In order to address the immediate and long-term impacts of the pandemic on migrant and refugee women's economic participation, there is a critical need for tailored strategies to suit their specific, multilayered needs.

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