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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Introduction

About Harmony Alliance

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.

About this report

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.

Mental health

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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[1] See, for example, Australian Institute of Health and Welfare's report on use of mental health services in Australia between April and September 2020, and the Australian National University's report on impacts of COVID-19 on mental health in Australia based on interviews with 3,155 Australians in April 2020.

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

In our own voices:

"We have lost loved ones overseas during the last year, and we were not able to participate in their funerals. In my culture, rites and rituals of burying, mourning, and being with the family are an important part of managing grief. COVID-19 has taken that opportunity away from us."

"I do not have any family in Australia. I planned to have a baby thinking my mum will be able to come to Australia and support me through the process of childbirth. Due to COVID-19, that has not been possible. I have suffered mentally, emotionally, and physically during and after the childbirth. It has been a very tough time for us, and many other women who had to do it all alone."

"The pandemic threw us all in a state of uncertainty and upheaval. We do not know what our future is anymore, will we ever be able to find jobs and have careers we dreamed of, will social and economic life ever be the same for us again? We do not know anything; there is only uncertainty and anxiety."

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[2].

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[3] 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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[2] *Coronavirus Creates Mental Health 'Obstacle Race' for Culturally Diverse Communities*. ABC News, 23 July 2020, www.abc.net.au/news/2020-07-24/australia-cald-obstacles-mental-health-care-coronavirus/12474932.
[3] *Coronavirus Restrictions and Economic Fallout Increase Mental Burden on Australia's Migrant Community*. ABC News, 12 Aug. 2020, www.abc.net.au/news/2020-08-13/coronavirus-mental-health-migrant-communities-melbourne-lockdown/12548862.

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.

Key considerations

- 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.

- 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.

- 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.

- 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.

Access to services

The COVID-19 pandemic has further exacerbated the pre-existing barriers for migrant and refugee women accessing health, justice, safety, and other fundamental services[4] and affected their access to critical services.[5] 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:

- 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.

In our own voices:

"I work in an organisation that provides services to migrant and refugee women in Albury-Wodonga region, on the border of Victoria and New South Wales. When the state border between VIC and NSW was shut, there was police heavily present at check posts and mobility of local residents was severely restricted. Some of the key services in our country town are located on the other side of the border. A few of the women we work with were racially abused by police at the checkpoints when going out for essential reasons such as attending medical appointments. These incidents deterred many other migrant and refugee women in the community from seeking medical help when needed. Culturally responsive and accessible services in our area are already limited due to rural location, but the lockdown and public health measures made it a lot worse for migrant and refugee women."

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[4] See, for example, Multicultural Centre for Women's Health's policy brief on immigrant and refugee women's mental health, Judicial Council on Cultural Diversity's report on migrant and refugee women's experience of courts, and joint submission from Harmony Alliance and Migrant and Refugee Women's Health Partnership to consultation on National Women's Health Strategy 2020-2030.

[5] Clement, Megan. "There Are Fears Coronavirus Is Stopping Australia's Migrant Women from Accessing Abortions." *SBS News*, 25 Apr. 2020, www.sbs.com.au/news/there-are-fears-coronavirus-is-stopping-australia-s-migrant-women-from-accessing-abortions.

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

Key considerations

- 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.

- 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.

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

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

Family and domestic violence

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[6] and the World Health Organization[7]. 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[8] and Monash University[9].

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[10] and those specifically catering to women from culturally diverse backgrounds[11]. 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.

[6] "Violence against Women and Girls: The Shadow Pandemic." *UN Women*, 6 Apr. 2020, www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic.

[7] "Act Now to Address the Shadow Pandemic of Violence against Women." *World Health Organization*, 25 Nov. 2020, www.who.int/southeastasia/news/detail/25-11-2020-act-now-to-address-the-shadow-pandemic-of-violence-against-women.

[8] Boxall, Hayley, et al. "The Prevalence of Domestic Violence among Women during the COVID-19 Pandemic"*, Australian Institute of Criminology*, 2020, www.aic.gov.au/publications/sb/sb28.

[9] Pfitzner, Naomi, et al. "Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions", *Monash Gender and Family Violence Prevention Centre*, 2020, apo.org.au/sites/default/files/resource-files/2020-06/apo-nid306064.pdf.

[10] "Impact of COVID-19 on Migrant and Refugee Women and Children Experiencing DFV." *Women's Safety NSW*, July 2020, www.womenssafetynsw.org.au/impact/publication/impact-of-covid-19-on-migrant-and-refugee-women-and-children-experiencing-dfv.

[11] "The impact of the COVID-19 pandemic on InTouch and its clients." *InTouch Multicultural Centre Against Family Violence,* September 2020, intouch.org.au/new-issues-paper-six-months-on-and-the-impact-of-covid-19-on-our-clients.

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.

In our own voices:

"The number of calls to our organisation from (migrant) women experiencing violence increased substantially, despite the general difficulties of communication due to COVID-19 restrictions requiring women to stay at home (with their abusers). There have been all sorts of incidents of abuse, control and violence against women perpetrated by their partners, and even families. Young women staying at home with their families during the pandemic have reported really high levels of control and abuse".

"Women on temporary visas have been put in a particularly vulnerable position; many of them lost their income due to the pandemic but were not able to access government support. We have seen violence against these women intensify as they became even more reliant on their partners and had very limited independent visa pathways available to them due to overall impact on the migration program. They cannot just leave their violent partners".

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[12]. 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[13] are central to understanding their experiences of family and domestic violence and ensuring their safety.

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[12] See, for example, this joint report by Monash University and InTouch Multicultural Centre Against Family Violence, this analysis piece by Monash Lens, and this article by ABC news.

[13] "There Is an Urgent Need to Protect Migrant Women from Domestic Violence during the Coronavirus Crisis." *SBS News*, 18 Aug. 2020, www.sbs.com.au/news/there-is-an-urgent-need-to-protect-migrant-women-from-domestic-violence-during-the-coronavirus-crisis.

Key considerations

- 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.

- Ensuring that women experiencing violence can access emergency relief, financial support, and safe accommodation regardless of their visa status is critical.

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

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

Loss of jobs and economic insecurity

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[14]. 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[15]. 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[16].

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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[14] Broadway, Payne et al. (Eds.) "Coping with COVID-19: Rethinking Australia." *Melbourne Institute: Applied Economic & Social Research, the University of Melbourne*, 2020.
[15] "The impact of the COVID-19 pandemic on InTouch and its clients." *InTouch Multicultural Centre Against Family Violence,* September 2020, intouch.org.au/new-issues-paper-six-months-on-and-the-impact-of-covid-19-on-our-clients.
[16] "COVID-19 impacts us all: Ensuring the safety and well-being of people on temporary visas during COVID-19." *Australian Red Cross,* August 2020, www.redcross.org.au/getmedia/0a4ca4bb-c5b9-4b6b-89e9-ff90df3a01fc/Australian-Red-Cross-COVID-19-TempVisa-Report-web.pdf.aspx.

- 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[17]. Recently migrated women also had substantially higher unemployment and underemployment rates as compared to recently migrated men[18]. 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.

In our own voices:

"There is need for innovative solutions to address the unprecedented challenges posed by the COVID-19 pandemic. Upskilling and retraining are going to be necessary. We should be creating opportunities for migrant women to be a part of workforce particularly in areas where there are shortages due to a slump in migrants' intake. The government should find opportunities and gaps left by the influx of migration and proactively train migrant women to fill those positions".

"Migrant women are often held back by their caring responsibilities; it has become even more of an obstacle during the COVID-19. Unpaid caregiving has a serious impact on our financial situation but at the same time there is no value being put on the marketable skill of a caregiver. There are plenty of women who have this skill, and they find it hard to transition to another profession after having been caregivers in their families. Why don't we value this skill and help women with experience in caring for their families develop it into a professional skill that can be used in aged care and other such sectors?"

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[17] "Culturally and Linguistically Diverse Women." *Department of Prime Minister and Cabinet, Australian Government*, womensworkforceparticipation.pmc.gov.au/culturally-and-linguistically-diverse-women.html.
[18] According to the 2019 ABS data, while the overall unemployment rate is slightly higher for recent migrants than for people born in Australia (5.9% vs 4.7%), the rate varies significantly within the cohort with migrant women having a much higher unemployment rate than migrant men (8.3% vs 3.9%). Migrant women also experience higher levels of underemployment than migrant men: 75% of recent migrant men are employed full-time compared with only 51.5% of recent migrant women (Characteristic of Recent Migrants, ABS release June 2020).

Key considerations

- Income support for migrant and refugee women who have lost their jobs or income due to COVID-19, emergency relief and housing support, regardless of their residency status, are necessary both as part of the economic response and as public health measures.

- Dedicated programs should be considered to facilitate migrant and refugee women's return to work and secure employment, including through entrepreneurship and education pathways, depending on women's specific needs and circumstances.

- Education pathways should include culturally responsive skills development programs with a focus on upskilling, retraining, and utilising existing talents and qualifications of migrant and refugee women.

- All employment, entrepreneurship and skills development programs implemented as part of the recovery should embed mandatory financial literacy component specifically tailored to situations and needs of migrant and refugee women.

Digital inclusion

The Australian Digital Inclusion Index (ADII) defines digital inclusion as "access to information and communications technology and the resulting social and economic benefits". The COVID-19 pandemic has highlighted gaps in digital inclusion, also referred to as "digital divide"—the gap between people with effective access to digital and information technologies, in particular the internet, and those with very limited or no access at all[19].

The COVID-19 pandemic not only laid bare existing disparities in digital access, but also widened the gap for many. Due to restrictions on our social mobility and our capacity to communicate and interact with others, new technologies became even more important in our day to day lives. While having internet access and a device was an opportunity to lessen the impact of isolation and physical distancing for some, these resources were not accessible for others.

Various reports have drawn attention to the widening digital divide in Australia during the COVID-19 pandemic, especially in relation to home-schooling and education. It has been reported that certain groups of Australians are affected particularly adversely, such as those from low socio-economic backgrounds, individuals living with disabilities and mental health conditions, remote indigenous communities, and culturally and linguistically diverse groups[20]. A report on temporary visa holders accessing emergency relief during the pandemic also highlighted 'educational disadvantage' faced by families from migrant backgrounds due to online schooling, limited number of devices available in the household, affordability of internet connection, digital literacy, and parents' language barriers[21].

Our members highlighted similar issues of access, affordability, and digital literacy in the context of a digitalised world during the pandemic. They reported having to share devices with their families, using their phones for work and study due to lack of access to laptops and computer screens, unfamiliarity with digital platforms, and unaffordability of internet and data packages. More importantly, they emphasised specifically gendered aspects of the challenges to digital access and inclusion, as well as their experiences based on other factors such as age:

- Access to internet—both in terms of cost and availability of reliable internet connection in their geographical locations—was a significant barrier. Women reported not being able to afford data packages to suit their internet usage needs during the pandemic.

[19] "Australian Digital Inclusion Index." digitalinclusionindex.org.au.
[20] "The Digital Divide: Lessons COVID-19 Taught Us about the Digital Exclusion of Students from Low Socio-Economic Backgrounds." *UNAA Victoria*, 28 July 2020, unaavictoria.org.au/2020/06/19/the-digital-divide-lessons-covid-19-taught-us-about-the-digital-exclusion-of-students-from-low-socio-economic-backgrounds/.
[21] "COVID-19 impacts us all: Ensuring the safety and well-being of people on temporary visas during COVID-19." *Australian Red Cross,* August 2020, www.redcross.org.au/getmedia/0a4ca4bb-c5b9-4b6b-89e9-ff90df3a01fc/Australian-Red-Cross-COVID-19-TempVisa-Report-web.pdf.aspx.

Those in remote and regional areas also struggled to establish reliable internet connectivity even when they were able to afford suitable data packages.

- Many women were unable to afford or access independent computers and had to use their phones or share devices with their families for work, study, and social connectivity. In addition to unaffordability of devices, women reported dismissal of their need to have devices of their own as another obstacle to digital access.
- Some of our organisational members reported that they have been providing devices to migrant and refugee women in need as part of their COVID-19 response programs. However, the resources available are not sufficient to address the level of demand.
- Lack of digital access impacted younger and older migrant women differently; for young women, the financial cost of independent devices was a major concern that affected their ability to continue education or work. For older women, digital illiteracy, even when they were able to afford independent devices, was a bigger issue. Older women also reported social isolation and inability to stay connected with their families and communities as major concerns they had due to lack of digital literacy.
- When schools moved to home schooling during the pandemic, overseeing their children's education often fell on migrant and refugee women's shoulders as a part of their gendered caring responsibilities. Many women struggled to support their children's online schooling due to language barriers, unfamiliarity with the Australian education system, and lack of digital skills or access.
- Our members raised concerns about cybersecurity and safe use of various digital platforms including social media, especially in relation to their children. Young women reported an increase in their experiences of online abuse and discrimination during the pandemic.
- Control of digital devices and access has been a major component of migrant and refugee women's experiences of family and domestic violence since the beginning of the pandemic.

Issues raised by our members demonstrate that digital divide for migrant and refugee women is intrinsically linked to existing socio-economic inequities, unevenness of technological infrastructure across geographical locations, disparities in digital literacy and skills across different age groups, and gendered allocation of resources and responsibilities within households.

Achieving effective digital inclusion for migrant and refugee women therefore requires addressing the gaps in all three areas of access, affordability, and ability. At the same time, digital platforms and technologies need to be made safe spaces for all, including migrant and refugee women and their children.

In our own voices:

"To be digitally literate, you need to be able to afford and purchase data. It's not just about the device, you need to have data to be able to connect digitally. We are in a digital age and in that I believe data should be given. It is an access issue. People who do not have access to data are automatically disadvantaged".

"When the lockdown started, I had just enrolled in a business degree at my university. I was going through a pretty hard time financially, so I approached the student services at my uni, showed them my bean count and asked for help. They gave me $200 in food vouchers and also gave me a laptop which was the greatest thing to happen because I had previously been sharing a laptop with my family. I used the laptop to build my initiative—a new start up to empower other young people—over the next few months".

The issue of digital inclusion is pertinent well beyond the immediate impacts of COVID-19 pandemic. A predominantly digital world has long been imagined as the inevitable *future* of humankind; except that it is now *present*—its arrival rushed in by the current pandemic. Most aspects of our lives—social, professional, and personal—are now lived through digital means. Affordable and safe access to internet and digital technologies is now essential and should be considered a basic human necessity. Ensuring that all communities, groups, and sections of society have equitable access to digital means should be prioritised not only in COVID-19 recovery but also in provision of all future services.

Key considerations

- Provision of independent devices to migrant and refugee women in need, as well as supports to address data poverty and enable access to reliable internet connections, through community organisations, schools, and other charity programs will facilitate enhanced digital inclusion.

- Tailored and culturally responsive digital literacy programs for migrant and refugee women of all age groups that are accessible in community languages will further address the digital divide.

- Rigorous internet and digital safety protocols are critical to preventing online control and abuse, with particular attention to culturally specific and gendered forms of digital abuse.

Experiences of racism

The rise in racist attitudes towards Asian-Australians and other ethnic and religious communities has been one of the most disquieting societal impacts of the COVID-19 pandemic.[22]. There are plenty of reports documenting the rise of racially motivated attacks against certain ethnic communities since the beginning of 2020.

A large-scale study showed that 84.5% of 3000 Asian-Australians surveyed experienced incidents of racism and discrimination between January and October 2020[23]. An incident report documented 377 incidents of racial attacks against Asian Australians between April and June 2020. Almost 60% of these incidents involved physical or verbal harassment including slurs and name calling, physical intimidation, threats or being spat at[24].

Among Asian-Australians, women bore the brunt of racist incidents (65%), indicating that the attacks were motivated by racism and sexism simultaneously[25]. Young people from multicultural backgrounds in Victoria were also particularly vulnerable to racist incidents, with 85% of respondents reporting at least one direct experience of racial discrimination during the pandemic. These experiences included name calling, physical assault, being excluded from activities, being threatened, experiencing poor service and unfair treatment. Moreover, 93% of the respondents had at least one experience of racism online, and 79% had three to four experiences. It was also reported that 87% of young multicultural Victorians were worried to return to public spaces—including school—after lockdown, for fear of experiencing racial discrimination[26].

In line with these findings, our members reported an alarming increase in experiences of racism during the pandemic. Many shared their personal experiences of direct and indirect racism during 2020. Of those, many indicated that the racial attacks were gendered and sexist in nature, and that they had not experienced the same form or intensity of racial abuse before:

- Racial slurs related to physical appearance, including injunctions to "go home" and "go back to where you came from".
- Sexually explicit and abusive language towards migrant and refugee women, including teenagers.
- Direct or indirect blame for spreading the disease, and for being unhygienic and irresponsible.

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[22] "Where's all the data on COVID-19 racism?", *Australian Human Rights Commission*, May 2020, humanrights.gov.au/ about/news/opinions/wheres-all-data-covid-19-racism.

[23] "Asian-Australians Hit Hard by the COVID-19 Pandemic.", *The Australian National University*, November 2020, www.anu.edu.au/news/all-news/asian-australians-hit-hard-by-the-covid-19-pandemic.

[24] "COVID-19 coronavirus racism incident report.", *Asian Australian Alliance and Osmond Chiu,* 2020, http://diversityarts.org.au/app/uploads/COVID19-racism-incident-report-Preliminary-Official.pdf.

[25] "Report Reveals Racist Abuse Experienced by Asian Australians during Pandemic." *ABC News*, 23 July 2020, www.abc.net.au/news/2020-07-24/coronavirus-racism-report-reveals-asian-australians-abuse/12485734.

[26] "'Racism Pandemic' Hits Multicultural Youth in Victoria." *The Australian National University*, 7 Jan. 2021, www.anu.edu.au/news/all-news/'racism-pandemic'-hits-multicultural-youth-in-victoria.

- Biased and discriminatory attitudes of authorities—including police—towards migrant and refugee women who needed extra help to navigate complex rules, regulations, and permit systems due to linguistic barriers.
- Fear of racial abuse and discrimination discouraged women from leaving their homes for essential reasons.
- Most experiences of racism reported were linked to COVID-19 and were predominantly targeted at East Asian Australians.
- There were very limited avenues for reporting incidents of racial abuse, with most women being unaware of ways to report, or unwilling to do so due to fear of further ostracisation.

In our own voices:

"I am a Vietnamese Australian. In past 30 years of living in Australia, I have never experienced direct racist attack. During COVID-19, I experienced it for the first time. I was walking down the street with my daughter in Melbourne and a man came up and directly looked at me in the face and said f***ing Chinese c**t. My daughter is fifteen and she was walking with me. It was hugely upsetting."

"We know viral diseases do not discriminate but in Australia we somehow managed to associate COVID-19 with certain ethnicities or blame certain communities for its spread. This is the message we got from everywhere, from media, from government representatives: that it is us, the Chinese, or the Muslims at one point, who are causing the spread of virus. We were certainly not 'in this together', we were the bearers of the blame."

Migrant and refugee women's personal experiences of racism were further compounded by the wider racist attitudes fuelled by mainstream media. A report released in October 2020 analysed racist opinion pieces published in mainstream Australian newspapers during the pandemic and found that anti-Chinese sentiments were actively provoked through the use of irony, harmful stereotypes, false information, and scaremongering[27].

The impact of racialised representation of certain communities in mainstream media is far-reaching and impacts day to day life, safety, and well-being of migrant and refugee women. On the one hand, it encourages racist attitudes leading to widespread incidents of abuse. On the other hand, it discourages migrant and refugee women from reporting incidents of racial abuse and attacks they experience at a personal level. The lack of reporting further emboldens individuals to carry out racist attacks with impunity. The mainstream societal narratives and the personal experiences of racial abuse are therefore interconnected and should be addressed in a holistic manner.

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[27] "Social commentary, racism & Covid-19: A case study on opinion pieces in Australian mainstream newspapers." *All Together Now,* October 2020, alltogethernow.org.au/wp-content/uploads/2020/10/ATN-Media-Report-2020_online.pdf.

Key considerations

- Awareness raising about available avenues to report incidents of racism and racial abuse, as well as community-based options for reporting and legal and mental health support in this regard, will facilitate safe reporting by migrant and refugee women.

- A national strategy is necessary to systematically address racism at all levels, including media reporting and representations that encourage discrimination and violence against certain communities.

- Any such strategy should be underpinned by public messaging to promote cultural diversity, highlight contributions of migrant communities to the Australian society, and combat vilification of migrant and ethnic communities.

The way forward

The way forward to achieve equitable outcomes for migrant and refugee women in COVID-19 recovery and beyond is through holistic solutions addressing various interconnected aspects of migrant and refugee women's lives. An intersectional lens and a systemic approach are required to fully understand the reported experiences of migrant and refugee women and to develop solutions that effectively address their specific, yet varying and multilayered needs. Most importantly, the success of any future initiatives lies in working closely with migrant and refugee communities to utilise their strengths such as leadership roles and connections with their communities, and innovative ways to support each other in times of adversity.

Despite the focus of our consultations on the impacts of COVID-19 on migrant and refugee women's lives, we heard innumerable stories of resilience, innovation, and leadership in the face of adversity. The below examples shine a spotlight on existing strengths and capabilities of migrant and refugee women that are an incredible resource to draw upon in the future.

- Migrant and refugee women developed a whole range of emergency relief programs to help their communities and sisters during the pandemic. Working individually, in groups, or as part of organisations, they delivered food, sanitary products, medicine, and other essential items to those in need and to health workers.
- Importantly, women delivering food and other essentials to those in need within their communities used this service as a way of discretely checking upon their sisters, providing them information about family and domestic violence services, and helping them access help if needed.
- Despite the challenges posed by the COVID-19 pandemic, migrant and refugee women managed to run support groups for women within their communities, online or physically in their neighbourhoods while adhering to limits on gatherings.
- Women with useful digital skills turned to helping other women within their communities create online presence for their businesses, fill out forms and apply for various types of support online, and connect with their families and loved ones.
- Migrant and refugee women's organisations with sufficient resources ran programs to provide digital devices to those in need. They also took various initiatives to enable sharing of devices and internet packages among women living close to each other.
- Young women applied their digital skills and stay-at-home time to develop empowerment programs for other young people in their communities, create online resources to support older people in their families and communities, and initiate awareness campaigns to dispel misinformation about COVID-19 and promote reliable sources of health information.

Migrant and refugee women have invaluable potential and skills to lead change within their communities. With the help of adequate and responsive systemic measures and resourcing, migrant and refugee women can not only recover from the pandemic but also thrive personally and professionally and make a significant contribution to the economic and social fabric of Australia.