

# TRANSCRIPT

## LEGISLATIVE COUNCIL LEGAL AND SOCIAL ISSUES COMMITTEE

### Inquiry into Victoria's Criminal Justice System

Melbourne—Thursday, 21 October 2021

#### MEMBERS

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Dr Samantha Ratnam

Ms Harriet Shing

Mr Lee Tarlamis

Ms Sheena Watt

**WITNESS** (*via videoconference*)

Dr Adele Murdolo, Executive Director, Multicultural Centre for Women's Health.

**The CHAIR:** Thanks, everyone. Welcome back. We are very pleased to be joined by the Multicultural Centre for Women's Health, and Dr Adele Murdolo is the Executive Director of that organisation. Welcome, and thank you very much for making the time to meet with us today, Adele.

Just to let you know, all evidence today is protected by parliamentary privilege, and that is under our *Constitution Act* but also the standing orders of the Legislative Council. This means that any information that you provide to us today is protected by law. You are protected against any action for anything that you say during this hearing, but if you were to repeat it outside this hearing you may not have the same protection. And any deliberately false evidence or misleading of the committee could be considered a contempt of Parliament.

We have got a cast of thousands behind us, albeit mainly Hansard, listening to and recording this hearing. You will receive a transcript of today, so I would encourage you to have a look at that when you receive it. Make sure that we have not misheard you or misrepresented you. Ultimately that will go onto our website and obviously form part of our report.

Again, thank you so much for your time today and the work that you do. If you would like to make some opening remarks, then we will have a committee discussion after that.

**Dr MURDOLO:** Fantastic. Thank you so much, Fiona. I would like to begin by acknowledging that I am on the unceded land of the Wurundjeri people of the Kulin nation, and I would like to pay my respects to elders past and present, as well as to Aboriginal or Torres Strait Islander people present today.

Thank you so much for the opportunity to talk about this issue. MCWH is Victoria's statewide migrant and refugee women's health organisation, and we are run by and for migrant and refugee women. We conduct multilingual health education. We do training, research and advocacy, taking a feminist and intersectional approach, and all of our work is in the interests of promoting the health and wellbeing of migrant women. As part of that work we have been working with migrant women in Victorian prisons for over 10 years both at Dame Phyllis Frost and Tarrengower. My presentation will be based on our experience of doing that work as well as some of the available research and data that there is on this topic.

Just really to frame what I am about to say, migrant women make up about 29 per cent of the Victorian population. It is a real mix of cultural, religious and language backgrounds, different visa categories and lengths of time since arrival, so there are lots of differences. But there are also some groups that experience significant social and economic disadvantage and discrimination in our systems—in health, justice, employment and education. These experiences are widespread, and they are endemic to the systems. Even though migrant women experience those discriminations in different ways, it is a fairly common experience, so I have to frame what I have to say about migrant women's incarceration in that context, acknowledging the social conditions of migrant women's lives, including that disadvantage, discrimination and exclusion from the backdrop of that experience of incarceration.

Now, the first thing I want to say is about the data, because when I was preparing to appear at this committee I really wanted to know how many migrant women there are in prison in Victoria. And actually we do not know. That is something that really concerned me. There are some things we do know from the data. Number one, we know that as of December 2020 there were 1806 people born overseas in Victorian prisons, making up 25 per cent of the population—but that is both women and men. We know that in the general population women make up about 5.6 per cent of the total prison population, so we can estimate, if this same rate applies to the overseas-born population, that there are about 100 overseas-born women in Victorian prisons, out of the total of 401. I wish we had the numbers, because that would be able to tell us a little bit more. I also think it is a bit telling that we do not know the numbers, that we are not publishing these numbers anymore, because it is a very invisible population.

Some of the ungendered 2020 data that we have tells us that there is an overincarceration of people from some selected countries of birth. When we look at people from Sudan, Somalia, Tonga, Nigeria, Samoa and Vietnam,

we have much higher incarceration rates. The rate for people born in Australia is 261.4, but the rate for people born in those countries—the highest one is almost four times the Australian-born rate, and then for people from Vietnam the rate is 316.3. So there are a lot of indicators of concern. We do not know if the situation of men who are incarcerated is the same as women, but these are little signs that there are some concerns there.

Generally speaking, amongst the top eight country-of-birth groups in prisons, women and men, drug-related crimes are the main reason for incarceration amongst five of those groups, and that really aligns with top reasons why women are incarcerated. So I think we are getting some clues here about the characteristics of incarceration. If we look at gender data amongst the numbers and percentage of female alleged offenders—so these are not the women in prison numbers, but they are the women who have had claims made of having offended—what we see in 2021 is that the numbers of overseas-born women jumped really suddenly in 2021 from about 13 per cent last year to 34 per cent this year, so I am not sure what is happening there. Again, we really need to understand that better, but there could be some concerns there. The countries of birth are New Zealand, Sudan, China, Vietnam, India, and there is a big category called ‘other’, which is the biggest of all at 1324. So I think if we are having a look at this data it is telling us that there are some causes for concern, and it raises the question for me: can we expect a further increase of migrant women in Victorian prisons over the coming year or so?

I know that this committee is interested in the question of remand, and again, same deal: we do not know what the numbers are, but we do know that some of the issues that are of concern for women in remand also apply to migrant women. For example, the fact that 69 per cent of women on remand have children also applies to migrant women and raises concern about children from some of these groups. We also know that 50 per cent of women waiting for sentencing do not apply for bail, and I think we can fairly safely assume that migrant women, like Aboriginal women, would be over-represented in this group due to the systemic barriers to equity within the legal and justice system. We also know that two-thirds of women are released from remand without further sentence, so that would also include some migrant women. So again, we do not know a lot, but what we do know, I think, are indicators that we should know more.

Now, of the migrant and refugee women who are in Victorian prisons, what do we know about their health and welfare? This is really based on the work that we have done in prisons with our trained bilingual health educators who go in. We have visited Dame Phyllis Frost now every year for about seven years and we have visited Tarrengower over that time as well, so we basically go in with our educators and deliver a program of sessions of about eight weeks covering a whole range of women’s health issues. What we know about some of their issues—well, one thing we know for sure is that debt issues for migrant women are one of the kind of driving factors for incarceration, and in terms of migrant women that is often migration-related debt, remittances to family overseas and other types of informal obligations to family and community, and I think that is something that is a bit different for migrant women. It costs quite a lot to migrate, and you are often going into debt, either formal debt or informal debt to community or family, that can be a challenge to pay off.

A lot of the other issues are like for other women—high rates of family violence and sexual assault, limited health care before prison, and that continues into prison. Some of the women we speak to are facing deportation after prison. Since 2014 any person who does not have citizenship, so they might be on a temporary visa or have permanent residency, and has been sentenced to 12 months or more, is mandatorily deported after their prison sentence, so I think that is something that we really need to take into account. In a snapshot of some of the sessions we ran with a group of women last year, they told us that none of them—it was eight women that we spoke to over an eight-session period—had ever received women’s health information in their language before, either in Australia or in their country of origin. So we knew that health literacy was fairly low. They were really interested in the information, but particularly on family violence, sexual and reproductive health, mental health and workplace health. In terms of the impact of the session, most of them said that they would speak with their family and friends after the session and that they would change some of their personal health behaviour. A lot of women usually tell us, ‘Yes, I’m going to visit the doctor now’, but this group tends to say, ‘No, I’m actually not’. So that mistrust in the health system that I think is characteristic of groups that are kind of excluded from society in other ways, we were not able to kind of reduce that in any way through these sessions.

If I could just cover some recommendations, and then I am done. But really the recommendation is that we really need to get some disaggregated gender data and to do some research on a range of issues relating to migrant women’s incarceration. We need some co-designed inclusive programs in the community for women

who are affected by or are at risk of incarceration on topics like financial security, race and gender discrimination, and family violence, and programs that reduce social isolation. We need to address the overpolicing and overcriminalisation of migrant women, especially women of colour. And within prison we really need to do a whole lot more in there, such as inclusive health promotion, inclusive family violence recovery programs, better language support—that is from feedback that we get, that they are really not using interpreters or bilingual workers in prisons—transition programs that acknowledge deportation and can provide appropriate support, and cross-cultural gendered training and education for prison employees.

**The CHAIR:** Thank you. That was a lot given that your first recommendation is that there is not a lot of information. So, Adele, thank you so much for that. It actually shocks me that we do not have this data. It shocks me that Corrections Victoria does not have this data, and it concerns me: how are they supposed to be providing the adequate services for rehabilitation and for health and wellbeing in our systems when they do not have this data? So I was very surprised that you could not access that data.

I will not hog the time. What we hear from the women in the criminal justice system is that the vast majority of them are victims—they are victims of violence, they are victims of crime. Would you concur that that would be the same circumstance for the women that you are seeing in the criminal justice system today?

**Dr MURDOLO:** Look, again, I think that we really need to do some research on that, because no-one has ever done research that includes migrant women on that topic, but there is no reason to believe it would be any different to the general population.

**The CHAIR:** Again, this is something that might be out of your wheelhouse, but one of the things that we have been hearing about today and over the course is the misidentification of victims in family violence. I cannot help but imagine that because of language barriers, because of cultural barriers, that actually could be more acute amongst our migrant women, our multicultural women. I am just wondering if you do have any information or care to comment.

**Dr MURDOLO:** Yes, absolutely, Fiona, it is an issue. There was some research done recently through ANROWS that did find that there were some concerns there relating to migrant women. A case study that I heard about recently was where police attended an incident and did not get an interpreter, which I think is not uncommon, spoke only to the man in the situation and in the end arrested the woman, who had called the police in the first place—and because of language issues. He spoke English, she did not, and that is quite a common thing as well—that men will have better English fluency than women in a relationship. So I would say that is something we definitely need to be aware of.

**The CHAIR:** Thank you. If I have got time, I will come back. But I will go straight to Tien, then Sheena and then Tania.

**Dr KIEU:** Thank you, Adele, for assisting us, and also thank you for your important work. In order to understand the problem we have to gather the data, and so far there is insufficient data collected there. Given what you have had, I have two parts to my question. One is for the prisoners that you have presented on and one about the victims of crime, so the other side of the fence there.

Now, you have mentioned that for some countries, including some African countries, China, India and particularly Vietnam, which community I came from, there is a very high representation of women in prison and also in the remand system. That may be because in the remand system perhaps they do not have the knowledge of their rights, so applying for bail may be something that they are not used to—maybe, maybe not. So what are the reasons that there is so high a representation in those particular countries, not to mention the general population in a lot of the different countries represented in Victoria and in Australia? You have mentioned debt from migration expenses. You have mentioned drug-related issues. For me, I know some cases where the drug-related issues actually stemmed from that which is owed by gambling or getting into a loan shark or whatever way that occurred in the first place. But in general are there any other characteristics or any identifiable reason that there is such high representation from those countries? So that is the part on the prisoners or in the remand system. Do you have anything to say about the migrant women as victims of crime—some statistics or something you could share with us?

**Dr MURDOLO:** Yes, thank you so much for that question. I think you have kind of touched on some of those issues that are all related to each other. Yes, migration debt—the family obligations that I mentioned

earlier are often gambling-related. So if family members—children or a husband or partner—have debts through gambling or whether it is through other reasons, then there are situations where women do deal drugs to try and get the money to pay those debts. It is very much couched in women's role as mothers and having responsibility to help family members to get out of this terrible situation that they are in—not that that is the only thing, but I think there are some connections there between the debt, gambling and women's sense of obligation to their family and community. I think family violence also plays a part. There are situations I have heard of where women have taken responsibility for the crime even though it goes more broadly than just one person who has committed that crime and that there is some level of coercion there to do so.

So I think it is really complex and very tied up in financial insecurity as well as other limited opportunities to get out of difficult financial situations. So I think in terms of how we could help as a community, there is certainly some assistance with addressing those situations that women are in in ways that provide other options, I guess, to women to pay off that debt that perhaps are available to other members of the community but not so much to this group.

In terms of victims of crime, I guess the biggest threat to migrant women's safety is family violence. Again, we do not really have good prevalence data for migrant women, but there are some indications that migrant women have lower levels of access to family violence services, tend to access them at a much later point and, therefore, tend to experience more sustained and sometimes escalating violence. So there is a sense that the violence can be much more severe and longer term and women need to get to that real crisis end where they feel like their lives are in danger or the lives of their children are in danger before they call police or approach someone in the system. So I think, in terms of being victims of crime, that is the one area that I know the most about; that is the biggest issue for migrant women.

**Dr KIEU:** Just one very quickly.

**The CHAIR:** Very quickly.

**Dr KIEU:** Sometimes the woman is taking on the responsibility for a crime that actually they did not commit, maybe because they are thinking that the husband or the partner would be needed for family support and for employment and financial support, so they actually take on that role and go to prison in place.

**Dr MURDOLO:** Yes, I have heard of that situation as well as a situation where she was involved in the crime—and others as well—with others, but she is the one who takes the responsibility and the others do not, so she is the one who is incarcerated, even though it was a collaborative effort.

**Dr KIEU:** Thank you.

**The CHAIR:** Thank you. Sheena.

**Ms WATT:** Just following on from that, around family violence and multicultural communities, recently I heard that the actual response system is not sort of geared to the preferred models for multicultural women, that there is shame and stigma around accessing family violence services but one of the biggest ones is actually being identified by members of your community and it getting back throughout the community: 'Oh no, they've gone into the shelter'—you know. So I just wonder: is that something that you have heard? Is that in keeping with your knowledge about later access into the family violence services system because of, you know, fears around stigma and cultural standing and standing within their culture? I wanted to then ask a question about remittances after that.

**Dr MURDOLO:** Yes. Thanks for that question. I think that is definitely one of the issues, but the issues are multiple and range from, you know, that shame and stigma to very significant systemic barriers going back to visa status as well. So there are some concerns, for example, that for women who are born overseas and whose children are born here, if they are to separate from their husband because of family violence, they would be deported because they would lose their visa and they would lose their children. So number one is the threat of deportation; number two is the threat of losing your children. There is, anyway, later trends in accessing any kind of health service or welfare service, because there is not that same trust in the system. First of all, there is kind of unfamiliarity; they do not know what is going to happen when they access the system. They might know people who have accessed the system and lost their children to child protection, because there is an over-representation of child protection intervention among some migrant groups. So there are a lot of really

difficult barriers to reporting domestic violence, not to mention that you would need to know about services; you need to understand what domestic violence is and what is actionable before you can actually approach a service. And then when you approach it, do they speak your language: ‘Am I going to be able to get a service here where I can express myself’? So, yes, there are lots of really important issues there that prevent women from reporting.

**Ms WATT:** Did you have any more commentary on debt and remittances? I know that that is of course a very considerable part of community obligations for many members of the migrant and refugee communities around making sure that they support family back home. You mentioned it, but I am just really interested in exploring more and how, then, obligations around that lead to contact with the justice system.

**Dr MURDOLO:** Yes, so remittances make up—we did the research a little while ago, so I do not have the numbers in my head right now—a huge amount of the money that goes out of the country, and women are responsible for quite a good proportion of it. It is something that is really important for people, especially where perhaps in the country of origin people are struggling financially and a little bit of money from Australia makes a huge difference, so yes, there is a lot of pressure there, and there is a lot of money that women kind of dedicate to doing that. The way that it leads to contact with the justice system is that it means people go into debt, and then they do not have any way of recovering that debt that is feasible for them, I suppose, and they still—it is one of the obligations that they cannot not do. I guess that is how then crime becomes an answer to paying off that debt. So I think, yes, we certainly could put in place some good programs to support women to pay off those debts in other ways and just not come in contact with the justice system. And of course, you know, equal pay would help—a lot of migrant women are in jobs that do not pay a lot or they are in casualised jobs, so the opportunities for kind of just working off the debt are probably less than for other people in the community as well. So, yes, some good employment programs that address race and gender discrimination in the workplace would probably help as well.

**Ms WATT:** Thank you.

**The CHAIR:** Thank you. That is really interesting. Matthew?

**Dr BACH:** Thank you, Chair, and thanks so much for your testimony, Dr Murdolo. I have been listening intently and yet do not have any further questions myself.

**The CHAIR:** Terrific. Thank you so much, Adele. Obviously one of our first recommendations is that we need to know more about this area, and that lack of data I think is really quite startling to us all. I certainly think that some of those remittance payments and the debt that arises from migration as well are linked to our justice inquiry, and I think those are certainly areas that we will pursue in our deliberations on this report.

Thank you very much for your time today. If we do have some follow-up questions, I hope you do not mind; we will flick them through to you.

**Dr MURDOLO:** Not at all. Thank you so much. It has been a pleasure, and I really appreciate the opportunity to talk about this issue.

**The CHAIR:** It has been wonderful. Thank you so much. This concludes today’s public hearing. Thank you, everyone, and good afternoon.

**Committee adjourned.**