

# 'AM ONLY SAYING IT NOW'

## Experiences of Women Seeking Asylum in Ireland

Feminist  
Participatory  
Action  
Research





**Women know their lives best!** They know their strengths. They know what they want changed. In Feminist Participatory Action Research (FPAR), women research the issues that affect their own lives in order to bring about needed change. As a community, they analyse their stories and talk about what actions they will take and what needs to be changed. As opposed to traditional research, women are active participants in the research process; they are not ‘researched on’.

FPAR requires a certain attitude - one that believes women can steer change; one that embraces and values the complexity of women’s lived experiences; and one that highlights the strength and resourcefulness of women in the face of disempowering and discriminatory circumstances.

This FPAR initiative follows an FPAR process facilitated by the Global Alliance Against Traffic in Women (GAATW) in 1999 and 2000 which worked with several groups to explore what trafficking was and how it manifests in women’s lives. Ten years on, GAATW and like-minded anti-trafficking advocates have come to the FPAR process again, this time looking at how trafficking is connected to broader parts of women’s lives - to their experiences of gender, migration and their work.

GAATW conducted a methodology learning workshop with NGOs and Self-Organised Groups (or groups led by members of the target group themselves) in the Americas, Africa, Europe and Asia in 2009. Researchers went back to their communities, or to the communities they work with, and acted as catalysts for the FPAR process. Research groups included: the Federation of Women Lawyers in Kenya (FIDA-Kenya); Legal Resources Center - Untul Keadilan Jender Dan Hak Asasi Manusia (LRC-KJHAM) in Indonesia; Asosiasi Tenaga Kerja Indonesia-Jakarta or the Association of Indonesian Migrant Workers (ATKI-Jakarta); Self-Empowerment Program for Migrant Women (SEPOM) in Thailand; RESPECT Netherlands together with TRUSTED Migrants and the Commission for Filipino Migrant Workers in the Netherlands; Researchers Noushin K and Fereshteh in Canada; Akina Dada wa Africa (AkiDwa) in Ireland, La Strada Moldova; Movimiento De Mujeres Unidas (Modemu) in the Dominican Republic; Sociedade De Defesa Dos Direitos Sexuais Na Amazônia (Sodireitos) in Brazil; and Centro de Apoyo Aquelarre (CEAPA) in the Dominican Republic.

At the end of this FPAR process one Self-Organised Group said: ‘This is a feminist process’. The anti-trafficking sector has often been accused of determining what’s best for women ‘for their own good’. This initiative seeks to counteract that idea by documenting how women are steering change in their communities. We are proud to share their knowledge and their stories of resilience, hope and strength.

*'Am Only Saying It Now': Experiences of Women Seeking Asylum in Ireland*

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**NB:** Details of the women surveyed have been changed to ensure their safety and confidentiality.

AkiDwA would like to acknowledge the financial support provided by The Atlantic Philanthropies and the Global Alliance Against Traffic in Women (GAATW) for this report.



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Company Registration Number: 370089

Charity Registration Number: CHY 17227 (Ireland)

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# TABLE OF CONTENTS

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TABLE OF CONTENTS .....	4
ACKNOWLEDGEMENTS .....	5
EXECUTIVE SUMMARY .....	6
GLOSSARY .....	8
1. INTRODUCTION .....	9
Women and Migration.....	9
Irish Government Policies for Individuals Seeking Asylum.....	9
Migration and Migrant Women in Ireland .....	12
Migrant Women and Trafficking Ireland .....	12
2. WOMEN IN IRELAND’S RECEPTION AND ASYLUM SYSTEM .....	14
Organisational Background.....	14
Background to the Research .....	14
Methodology of the Survey .....	14
The Voices of Women Seeking Asylum: Experiences of Living in Direct Provision and the Asylum System .....	15
1) Women’s Health and Well-Being in Direct Provision .....	16
1.1) Mental-Health Matters of Women in Direct Provision .....	17
2) Children Growing Up in Direct Provision.....	19
3) Treatment of Women in Direct Provision .....	22
4) Privacy Concerns of Women in Direct Provision .....	24
5) Asylum-Seeking Women in the Community .....	25
6) Women’s Experiences of Asylum Processes .....	27
8) Women Seeking Asylum: Volunteering, Education and Training .....	30
Women’s Suggestions for Actions and Change .....	32
3. INTERNATIONAL HUMAN RIGHTS FRAMEWORK .....	34
4. CASE STUDIES .....	35
CASE STUDY 1: Caring for a Child with Special Needs in Direct-Provision Accommodation.....	35
CASE STUDY 2: A Woman with Special Needs Living in Direct Provision.....	36
5. AKIDWA RECOMMENDATIONS .....	38
6. REFERENCES .....	40
APPENDIX: SURVEY QUESTIONNAIRE .....	42

# ACKNOWLEDGEMENTS

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AkiDwA is indebted to the 121 women living in direct-provision accommodation centres, from ten regions, who contributed to the six focus-group discussions held by AkiDwA in August and September 2009. AkiDwA would also like to thank the women who agreed to be interviewed for case studies. In the framing of the research, AkiDwA acknowledges the important role of the advisory group, consisting of Monica Anne Brennan, Integrating Ireland; Susan McKay and Rachel Doyle, National Women's Council of Ireland; and Triona Nic Giolla Choille, Galway Refugee Support Group.

The research received additional support from the Global Alliance Against Traffic in Women (GAATW), the Family Resource Centre in Monaghan, the New Communities Partnership Office in Limerick, the Presbyterian Church in Athlone, the West Side Community Centre in Galway, and the Family Resource Centre in Sligo. Our gratitude also goes to Pauline Cousin and Erin Moran for their help during the survey, and to Monica Anne Brennan, Rachel Doyle, Kerry O'Leary and Nobuhle Ncube, for their support in the drafting of this report. We wish to thank AkiDwA's staff for their input.

*'This report is dedicated to all migrant women living in Ireland and, in particular, those who have passed or are still living in direct-provision accommodation in Ireland. May your courage, determination and hope for a better life take you to greater heights.'*

- Salome Mbugua, March 2010

# EXECUTIVE SUMMARY

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In March 2009, AkiDwA developed an advisory group to look into the risks and vulnerabilities of women seeking asylum in Ireland's reception and asylum system. The group agreed that a survey was necessary in order to examine women's experiences. This report is based on those findings.

As of December 2009, there were 6,482 people living in direct-provision accommodation awaiting decisions on their asylum, protection and leave-to-remain cases. Of this number, there were 1,859 women and 987 girls, with 50 per cent of all residents in direct provision being families. Over half of all residents have lived in centres for two years or more, and almost a third have lived in centres for three years or more [1].

AkiDwA has been working with migrant women in Ireland for almost a decade, and developed specific projects in the areas of gender-based violence, immigration and employment. The organisation works with migrant women of every immigration status, including women seeking asylum, protection or leave to remain; women trafficked for the purposes of sexual exploitation or forced labour; female migrant workers, spouses of migrant workers, Irish or other European citizens; international female students and women of religious orders. AkiDwA prioritises outreach to vulnerable and at-risk migrant women, particularly women seeking asylum, protection or leave to remain.

According to 2005 migration research, there are approximately 175 million migrants dispersed worldwide - about 3.5 per cent of the global population - and about half of these individuals are women. Migration theory, policy and practice do not usually reflect, within a developmental perspective, the gender-equality concerns of migration, which can, at times, cause women to be 'invisible' within migration patterns [2].

While women have always represented a significant portion of the migrant population, the level of their involvement in, and their motivation for, migration is changing, representing a new trend in international migration streams. Women's reasons for migration can vary; many are fleeing persecution and violence. The ways in which persecution may manifest in women's countries of origin and the vulnerabilities and risks that they may face during their migration journeys can differ significantly from those of men. Additionally, women often migrate while caring for children or other family members. Female migrants may face stigma, poverty, violence and discrimination while travelling, as well as in their destination countries.

The average wait for an asylum, protection or leave-to-remain claim to be processed in Ireland is a minimum of two years, with some women waiting five years or more, during which time they and their families live in direct provision, having been dispersed to regional accommodation centres. Many women in direct provision accommodation are oftentimes battling poor living conditions, which can contribute to unsuitable or unsafe situations for them. Children are spending their formative years living in direct provision. Last year, AkiDwA's director spent time speaking to 121 women about their experiences of Ireland's reception and asylum system, and talking to them about their lives in direct provision. This report reflects those women's views and experiences.

## Key Recommendations

In response to the concerns cited by women in its survey, AkiDwA proposes the following key recommendations for immediate implementation:

- Gender guidelines in reception and asylum processes should be introduced and implemented [3]. Gender guidelines in asylum processes should be introduced into pending immigration legislation in Ireland.
- A mandatory code of conduct and Garda vetting should be introduced and implemented for all personnel, management, accommodation owners and government-department officials working with asylum seekers in the direct-provision accommodation system.
- An independent, transparent and confidential complaint and redress mechanism should be put into place for individuals seeking asylum, protection and leave to remain, and made accessible to all residents in direct provision.
- Mandatory training and capacity building should be conducted on a regular basis with key providers of State services to asylum seekers on the prevention of, and response to, abuse and exploitation.
- An independent commission of inquiry should take place to assess the mental, emotional and physical effects of long-term confinement of individuals seeking asylum, protection or leave to remain in Ireland.

# GLOSSARY

<p><b>Asylum Seeker</b></p>	<p>An individual who seeks to be recognised as a refugee in accordance with the terms of the Geneva Conventions. The Geneva Conventions refer to the 1951 Convention relating to the Status of Refugees (and the related 1967 Protocol). Ireland became a member of the United Nations on 14 December 1955 and has signed and ratified the UN Convention Relating to the Status of Refugees (1951) and the UN Protocol Relating to the Status of Refugees (1967).</p>
<p><b>Gender - Based Violence</b></p>	<p>The first article of the UN Declaration on the Elimination of Violence Against Women (1993) provides this definition: <i>‘Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.’</i> The 1995 Beijing Platform for Action specifies that violence against women based on gender includes violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilisation, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It further recognised the particular vulnerabilities of women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; women living in impoverished rural or remote areas, or in detention.</p>
<p><b>Leave to Remain</b></p>	<p>Granted at the discretion of the Minister for Justice, Equality and Law Reform in Ireland, usually on humanitarian or compassionate grounds. This is immigration status for which an individual can apply if s/he does not meet the requirements of a refugee as defined in the Irish Refugee Act, 1996. An individual may also withdraw from the asylum process and seek leave to remain in the State. There are two groups of people within the asylum process who may be given leave to remain in the State: those who withdraw from the asylum process, and those who were refused a declaration as a refugee by the Refugee Applications Commissioner (and who failed to have this decision overturned by the Refugee Appeals Tribunal). Leave to remain was also granted to some individuals under the Irish Born Child Scheme (IBC/05).</p>
<p><b>Refugee</b></p>	<p>An individual who fulfils the requirements of the definition of a refugee under the Geneva Conventions, which defines a refugee as a person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, unwilling to avail himself of the protection of that society.</p>
<p><b>Subsidiary Protection</b></p>	<p>This protection status, as outlined in the European Qualification Directive, was transposed into Irish law in October 2006 and provides a definitive status for the beneficiaries of subsidiary protection. The Directive’s definition of a person eligible for subsidiary protection is stated in Article 2(e) as <i>‘a third-country national or stateless person who does not qualify as a refugee but in respect of whom substantial grounds have been shown for believing that the person concerned, if returned to his or her country of origin, or in the case of a stateless person, to his or her country of former habitual residence, would face a real risk of suffering serious harm as defined in Article 15, and to whom Article 17(1) and (2) do not apply, and is unable, or, owing to such risk, unwilling to avail himself or herself of the protection of that country’.</i></p>



# 1. INTRODUCTION

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## Women and Migration

According to 2005 migration research, there are approximately 175 million migrants dispersed worldwide - about 3.5 per cent of the global population - and about half of these individuals are women. Women and girls represent, on average, 49 per cent of persons of concern to the United Nations Commissioner for Refugees. They constitute 47 per cent of refugees and asylum seekers, and half of all internally displaced persons (IDPs) and returnees (refugees). Forty-four (44) per cent of refugees and asylum seekers are children below 18 years of age [4].

There has not been a major shift in overall migration numbers, but there have been changes in patterns of migration, with more women migrating independently and as main income earners, instead of following male relatives (Martin, 2005) [2]. Previous migration patterns had seen many women migrating as dependants of their spouses or fathers. While women have always represented a significant portion of the migrant population, the level of their involvement in, and their motivation for, migration is changing, representing a new trend in international migration streams.

Migration theory, policy and practice do not usually reflect, within a developmental perspective, the gender-equality concerns of migration, which can, at times, cause women to be 'invisible' within migration patterns [2]. Women's reasons for migration can vary. Many are fleeing persecution and violence. The ways in which persecution may manifest in women's countries of origin and the vulnerabilities and risks that they may face during their migration journeys can differ significantly from those of men.

Additionally, women often migrate while caring for children or other family members. Female migrants may face stigma, poverty, violence and discrimination during their migration journeys, may be trafficked or otherwise recruited under false pretences, and may suffer sexual or physical violence from traffickers, migrant transporters or fellow travellers. Women coming from armed-conflict situations may have had to flee quickly without resources or planning, have had to travel unsafe routes or may know little about their destination countries.

## Irish Government Policies for Individuals Seeking Asylum

As of December 2009, there were 6,482 people living in direct-provision accommodation awaiting decisions on their asylum, protection and leave-to-remain cases. Of this number, there were 1,859 women and 987 girls, with 50 per cent of all residents in direct provision being families. Over half of all residents have lived in centres for two years or more, and almost a third have lived in centres for three years or more [1].

In recent years, women seeking asylum in Ireland have been impacted by policies introduced by the Irish government to reduce the entitlements of asylum seekers and to discourage further claimants to the welfare system. On 1 May 2004 the government introduced the policy of the habitual residence condition (HRC), which meant that a person applying for a social-assistance payment or Child Benefit had to prove that s/he was habitually resident in the State in order to receive such payments [5]. Most asylum seekers living in direct provision were excluded from all benefits as a result of the this policy, but there had remained until the end of last year a few circumstances in which some residents 'with close connections to Ireland' could possibly qualify [6].

Following on from several successful appeals by asylum seekers to the Chief Social Welfare Appeals Office in 2009, the government amended the legislation to explicitly exclude all asylum seekers (and all those seeking subsidiary protection and leave to remain) from ever being able to satisfy the HRC. The HRC denies all social assistance payments and Child Benefit to those not having reckonable residence in the State for two years [6]. Government policy also denies asylum seekers the right to work and support themselves, and requires them to be dispersed and live in direct-provision accommodation centres with a single welfare allowance of €19.10 per week and €9.60 per child.

Women seeking asylum in Ireland may be particularly isolated, due the government's reception policy of direct provision and dispersal. Many women seeking asylum, protection and leave to remain live in remote direct provision accommodation centres far from town; women have related that sometimes they feel hidden from public view. Some women also face further obstacles to integration if they possess limited or no English. This can result in circumstances that may make women seeking asylum, protection and leave to remain more vulnerable to being targeted for ill-treatment and abuse.

Prior to 1999, individuals seeking asylum in Ireland were privately accommodated and had access to employment. Asylum seekers at the time, where needed, usually met the criteria for the maximum Supplementary Welfare Allowance (SWA) scheme payment of £76, and after finding accommodation, could qualify for Rent Supplement. By 1999 there were 7,724 people seeking asylum in Ireland, with the 6,500 people seeking asylum in Dublin living in private rented accommodation, and a further 2,600 in emergency accommodation [7]. That same year, the then Eastern Health Board (the State agency supporting asylum-seeker housing needs in Dublin) turned away 150 asylum seekers, including families, due to a lack of available accommodation, leaving some homeless and living on the streets.

A direct-provision and dispersal policy was unofficially introduced by the Irish government in November 1999, without consultation of the Irish communities hosting the accommodation centres or the NGOs supporting individuals seeking asylum. On 10 April 2000, direct provision and dispersal became official Irish government policy. When Section 13 of the Social Welfare (Miscellaneous Provisions) Act 2003 came into effect, this effectively ended asylum seekers' access to the SWA [8]. A public statement in 2000 by the then Minister for Justice, Equality and Law Reform, Mr John O'Donoghue TD (in discussing the department's purchase of hotels and other accommodation centres), read, 'These will be used to accommodate refugee applicants on a short-term basis (not more than six months) while their applications are being processed [9].'

The Reception and Integration Agency (RIA), a subdivision of the Department of Justice, Equality and Law Reform, is, at present, primarily responsible for the coordination of the provision of services to asylum seekers and refugees, including accommodation. The RIA also coordinates support for 'programme refugees', or persons invited to Ireland by the government, usually in response to a humanitarian crisis, at the request of the United Nations High Commissioner for Refugees. The RIA also assists with the voluntary repatriation of destitute nationals from the 12 states that have joined the European Union since 2004.

The RIA was established in 2001, when it replaced the Directorate for Asylum Support Services and the Refugee Agency. The Health Service Executive (HSE) is a State-funded body responsible for the delivery of health and personal social services through medical professionals, hospitals and a network of health offices and centres at community level. The HSE is divided into four regions across the country [6].

Asylum applicants are first accommodated in a Dublin reception centre and then dispersed to regional direct-provision accommodation centres, apparently aiming to have communities share in the burden of resource, capacity and administration. Asylum applicants have their basic welfare needs met through direct provision, which consists of housing individuals in (primarily) full-board accommodation centres with communal living areas and catering. Out of a current total of 52 centres, four are self-catering.

Asylum applicants are required to remain in the accommodation centre to which they are assigned during the decision-making process of their asylum, protection or leave-to-remain application. Failure to comply with this requirement can result in their application for asylum being withdrawn or refused.

The majority of direct-provision accommodation centres in Ireland were previously used as hotels, hostels, guest-houses, convents and nursing homes. Accommodation is provided by private commercial owners working on behalf of the State, with only seven centres being State-owned. Accommodation centres are managed by commercial entities under contract to the RIA. Owners provide full board, i.e. provision of a bed and three meals a day, to individuals seeking asylum, while these residents receive only a limited weekly community welfare payment from the HSE (€19.10 per adult and €9.60 per child, or €2.73 and €1.37 per day, respectively).

Residents are usually required to share bedroom and bathroom facilities with other residents. Families are often housed in one room without a bathroom, and are not allowed to cook their main meals. There are no centres that accommodate single women exclusively, and there are no dedicated facilities for vulnerable women who have suffered gender-based violence in their countries of origin or who have been trafficked to Ireland [6].

Individuals in the asylum system living in direct-provision accommodation do not have the right to work or to attend full-time third-level education or training. Children of individuals seeking asylum are entitled to free primary and post-primary education, but are not entitled to free third-level education, i.e. university or college, or EU fees, regardless of the length of time that they have lived in Ireland.

Residents in accommodation centres are required to follow house rules and procedures. House rules do not permit residents an absence of longer than three days from their accommodation centre, or they will be deemed to have abandoned their place in the centre, no longer in need of aid or assistance from the RIA.

Standards and conditions of accommodation centres vary significantly in quality. This can depend on a series of factors, including overcrowding, original building use, location, staff/management or owners, the surrounding regional community and support services available to individuals seeking asylum, protection or leave to remain.

**The Department of Justice Equality and Law Reform's mission statement is:**

'To maintain and enhance community security and promote a fair society through the development of a range of policies and high quality services which underpin: the protection and assertion of human rights and fundamental freedoms consistent with the common good; the security of the State; an effective and balanced approach to tackling crime; and progress towards the elimination of discrimination, the promotion of equal opportunities and tolerance.'

**Its stated values are:**

'In delivering on our mission statement, we are guided by the following core values: ensure access to justice; apply fair and equal standards of treatment to all groups in society; demonstrate accountability for our actions; show courtesy and integrity in our dealings; provide excellent services to the public; and respect and value the individual with whom we engage in whatever situation we encounter him or her [10].'

A number of non-governmental organisations and reports have raised issues regarding the impact of reception and asylum policies and practices on the lives of individuals and families currently in those systems. International bodies and national agencies have highlighted the need to uphold human rights obligations and standards across both of these systems. This report uniquely focuses on women's experiences of Ireland's reception and asylum system.

### **Migration and Migrant Women in Ireland**

In 1996 Ireland reached its 'immigration turning point' and has been a country of immigration ever since, net migration going from minus 1,900 in 1995 to 31,600 in 2004. According to 2006 CSO figures the number of people who do not describe themselves as 'Irish' living in the Republic of Ireland approached 420,000, or 10 per cent of the population. 50% of the entire immigrants are women, therefore women are clearly present among the new wave of migration to Ireland. Migrant women in Ireland are of varying immigration status that include women seeking asylum, women trafficked for the sex industry or for work, women migrant workers or spouses of migrant workers, spouses of European citizens, students and women of religious orders.

Thus far in Ireland, the predominant work sector for many migrant women is in the private and more informal sectors, such as private households. Single migrant women are also more likely to live within the home in which they work to save money. Migrant workers' immigration status and right to legally reside in Ireland is linked to their employment. This link can create an enormous disparity of power between an employee and an employer; not only is the employee dependent on the employer for their wages, they are dependent on them for their ability to stay in the country. This reality can result in an increased vulnerability to exploitation and abuse in the workplace.

Many migrant women in Ireland find themselves in an insecure position due to their enforced dependent status on the State. This can create difficulties for women in their accessing of rights and services.

### **Migrant Women and Trafficking Ireland**

Ireland is both a destination and a transit country for trafficking of women and children, often for the purpose of sexual exploitation. Between January 2007 and September 2008, 102 women were identified by ten services as being trafficked into or through Ireland.

When women who are trafficked reach Ireland, they are sometimes passed over to Irish brothel owners who prostitute them. Other women are held and prostituted by the original traffickers. In either case, papers are usually taken from the woman. In most cases, the woman is then not only illegally in the country but is without any documents. In this situation, the woman lives in clandestine conditions. Her existence is one of isolation and confinement, which makes it difficult for her to escape and seek assistance. Sometime the victims are revictimised when they seek help through being treated as "illegal" immigrants and detained, compounding the traumatic experiences they have already undergone. In recent time due to intervention of many organisations working with

trafficked women the Irish government has agreed to give trafficked women a three months recovery period and anti trafficking unit has been set up. However trafficked women are put into reception centres even during the recovery period.

The research participants were aware and some of them knew of women who have been trafficked into Ireland, they were however not comfortable to discuss trafficking issue as each individual women case is different despite the fact they share the same accommodation. Participants in this research however did recommend that trafficked and other women who have experienced other gender specific harm should not be placed in the reception centres.

### **Short case studies for women trafficked to Ireland**

#### Elena from Moldova

27 old Elena was recruited by a woman in her village in Moldova for 'escort' work in the Belgium. She was led to believe that her work would involve going to dinner and other social events with men. Little did she know her work was to have sex with different men. She was given a guarantee that she would earn high wages and that there would be no restriction on her movement, she was later forced into prostitution and brought to Ireland.

#### Musli from Nigeria

25 years old Musli was living with her aunt in Lagos, Nigeria. She was introduced to a couple and coerced into travelling with them to Ireland in 2008 in the name of a good job and better life. On arrival to Ireland she was forced into sex work. Unfortunately she was arrested and sentenced after being found by the Gardi in Ireland without any papers, she was later transferred to the reception centres as the Gardi investigate her case on trafficking.

#### Eva from Russia

Eva originally from Russia as a breadwinner for her family, in 2005 she heard that there were opportunities for young women to work in Ireland as nannies. Her plan was to send money back home to the family. A recruitment agency provided her with the necessary papers and arranged for a male companion to look after her on the journey and to help her when she arrived in Ireland. She was taken to an apartment directly from the airport and her nightmare began. Her papers were taken from her. Her minder raped her and then made her have sex with his friends. Every day men would come to the apartment and Eva was forced to have sex with them. She was not allowed out of the apartment and received no money. Her minder provided her food and clothes.



## 2. WOMEN IN IRELAND'S RECEPTION AND ASYLUM SYSTEM

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### Organisational Background

AkiDwA (Akina Dada Wa Africa, Swahili for 'sisterhood') is the only ethnic minority-led national network of African and migrant women living in Ireland. The non-governmental organisation with charitable status was established in August 2001 by a group of African women in order to address the needs of an expanding population of African and other migrant women residing in Ireland.

The organisation is a recognised authority on migrant women's issues and a representative body for all migrant women, irrespective of their national or ethnic backgrounds, culture, religious beliefs, and socio-economic or legal status. AkiDwA's advocacy approach is based on strengthening migrant women's voices by applying a gender and cultural perspective to policies and practices, and by promoting the equality of migrant women in Irish society.

### Background to the Research

In 2008 AkiDwA called an urgent meeting of key stakeholders to discuss gender-based violence concerns raised by vulnerable migrant women in the reception and asylum system, living in direct-provision accommodation centres in Ireland. AkiDwA, the Immigrant Council of Ireland (ICI), the Irish Refugee Council (IRC), Integrating Ireland (II) and the Refugee Information Service (RIS) agreed to raise these concerns, and communicated them to various levels of government.

In March 2009 AkiDwA developed an advisory group to examine the arising concerns of women living in direct-provision accommodation in Ireland, and the group agreed it necessary to survey women to find out and collate the most pressing issues raised therein. AkiDwA felt strongly that this research should be undertaken. Salome Mbugua, director of AkiDwA, has a background as a researcher and community organiser, and recently received training in Feminist Participatory Action Research (FPAR) from the Global Alliance Against Traffic in Women (GAATW) in May 2009 [11]. It was decided that the tools of FPAR would provide the best research approach to capture the women's 'lived' experiences for this report.

### Methodology of the Survey

In June 2009 the advisory group discussed the research methodology and agreed to use a qualitative method for focus-group discussions in order to gather the necessary data. The advisory group agreed that focus groups should be arranged for women from at least ten direct-provision accommodation centres in different parts of the country. From August to September 2009, six focus groups were held in six counties, covering ten accommodation centres, with a total of 121 participants.

Focus groups were held in the counties of Westmeath, Monaghan, Sligo, Galway, Limerick and Dublin. The Dublin focus group contained participants from five accommodation centres based in and around the county. All focus groups took place outside the women's direct-provision accommodation centres in order to give them the freedom to speak openly, allow for a sensitive dialogue of concerns and ensure their safety and confidentiality.

At each session, the facilitator explained the purpose of the survey and focus-group discussions: to document women's experiences and empower them to take action to bring about positive change. A sampling for research was agreed with participants. AkiDwA's feminist and human-rights approach to advocacy was explained to those new to the organisation. It was noted that migrant women are not a homogenous group - they have multiple identities, which can include culture, nationality, migration history, relationship status and gender-specific experiences.

The research highlights the complexities of gender inequality within the direct-provision accommodation system within the Irish state. It also highlights the psychological and emotional impact of the Ireland's reception and asylum system on women and children, and includes challenges faced by women and children living in direct-provision accommodation, including health and safety matters. Many of the women surveyed expressed great relief at finally being able to talk about their experiences, and some reported feeling empowered by the process.

**The survey documents the experiences of female asylum seekers living in direct provision, and in the asylum system, along the following headings:**

- 1 Women's Health and Well-Being in Direct Provision
- 1.1 Mental-Health Matters of Women in Direct Provision
- 2 Children Growing Up in Direct Provision
- 3 Treatment of Women in Direct Provision
- 4 Privacy Concerns of Women in Direct Provision
- 5 Asylum-Seeking Women in the Community
- 6 Women's Experiences of Asylum Processes
- 7 Access to Rights and Services for Women Seeking Asylum
- 8 Women Seeking Asylum: Volunteering, Education and Training

For the purposes of this survey, 'women seeking asylum' also refers to women in the asylum system who are seeking protection and leave to remain. Participants were asked to provide proactive solutions to meet the challenges that they identified and suggest improvements in the conditions in which they were living.

## **The Voices of Women Seeking Asylum: Experiences of Living in Direct Provision and the Asylum System**

In the focus groups, women reported that their multiple roles (defined by, for example, gender, relationship, caring roles and protection issues) were not always well provided for in Ireland's reception and asylum system. The majority of the women reported being in the asylum system for more than two years. Some of the major issues raised concerned parenting in direct provision, safety and security issues, privacy and the impact of direct provision on their and their children's health and well-being. Some women reported that stress, poor living conditions and poverty were possible contributors to domestic violence. They reported feelings of hopelessness and helplessness because they lacked a voice in so many areas of their lives for many years, while living in direct provision.

The negative impact of lengthy confinement on women and their families was also discussed. The women reported feeling that the stigma and stereotyping of female asylum seekers who are also women of colour had contributed to their being harassed in their communities. There was an overwhelming feeling amongst the majority of the women that if they complained about problems within the reception or asylum system, that it would

jeopardise their cases. These women were, for the most part, unaware that there were bodies to which they could make complaints.

### 1) Women's Health and Well-Being in Direct Provision

Many of the women surveyed said that they felt vulnerable and felt that women, children and/or individuals with special needs were in some cases living in unsafe or unsuitable accommodation. Poor living conditions (in some centres) of which the women spoke included limited heating, overcrowded communal living quarters, unhygienic and insecure communal bathrooms, and isolated laundry facilities.

*'Living in [a] reception centre is really depressing regarding all aspects. You don't have your own life. You can't eat what you like to eat. It's really frustrating living in this condition because you don't have freedom. It's like being in jail.'*

Direct-provision and dispersal policy appears to have developed in the last decade within a system of discretion, with conditions varying between accommodation centres. The delivery of asylum services with full-board accommodation is dependent on an almost entirely private enterprise that is heavily invested in, and profiting from, the accommodation of asylum seekers.

Accommodation centres located throughout Ireland are usually an asylum seeker's residence for two years or more. Residents live in close quarters with mostly unrelated individuals of various ages, nationalities, cultures and backgrounds. Women residents living in accommodation centres usually have little or no input into, or control over, their day-to-day lives while in direct provision. They can be in a situation of 'enforced helplessness', having to depend on the State, even for their most basic needs, sometimes for years.

*'At least as a prisoner you know when you are getting out - not when you are an asylum seeker.'*

The women surveyed related that there appears to be little regard to the complexity or consequences of bringing people from different cultures and nationalities together in shared accommodation, or an awareness of how women's experiences in their countries of origin may impact on their accommodation needs. Women from one regional focus group recommended that women's cases be reviewed for sensitivity of placement, e.g. if a woman was raped in her country of origin, she should be put in a women-only centre, in an ensured secure room. Currently there is no accommodation centre exclusively for single women, although 17 per cent of the accommodation profile is single women [1].

Many women seeking asylum have fled dangerous situations in their home countries and have endured physical and emotional hardship in coming to Ireland. Some women spoke of the trauma that they had endured in their countries of origin and during their migration journeys. These women said that they wished that they had been supported more to recover in Ireland, and that their treatment in direct provision and in the asylum system had made their recovery more difficult.

The women suggested that overcrowding can be an issue in some accommodation centres. Women from one focus group talked about tensions and insecurities arising between residents, partly because of having to live for extended periods in close quarters with large numbers of individuals with differing personal habits from a variety of cultural backgrounds.

*'I was sharing a room with a single lady, and myself, I have two children. It was difficult to sleep or stay together - like my baby was always crying and in need of attention. It's not fair for the person sharing with me.'*

Women from one centre commented on the damp in their rooms that, when combined with limits on heating, could contribute to respiratory conditions. In another centre, women reported damp conditions in the mobile homes used, saying that they had found slugs in the caravans.

The women noted safety concerns for themselves and their families in the use of various communal areas at some centres. Women from one centre said that they felt unsafe using the isolated laundry room, which was located far from their living quarters.

Women from one centre reported that a water dispenser used by residents appeared to have remained unclean for some time, with the water turning a different colour, but after reporting the problem to management and security, they did not find the dispenser fixed. Women at this centre also said that they had witnessed water being delivered for the management's use, despite residents' concerns about their own water.

### **1.1) Mental-Health Matters of Women in Direct Provision**

Female residents identified feeling pushed to their limits from the stress of the asylum process: non-transparency of decision-making processes, long waits for status determination, enforced inactivity, overcrowding and other difficult living conditions in accommodation centres. Some women surveyed said that they felt 'trapped - no way out'.

*'Living in direct provision puts us at a mental-health risk. It's upsetting to hear about deportations ... we feel isolated, depressed and sad. It's upsetting when you see things happening to your friends.'*

*'When you have a problem with someone, you don't have the space to get away from [the] problem. Little things get blown out of proportion. It's like mental torture.'*

*'We do not have any say, and have to follow rules here, even when our rights are taken. I was talking to one Irish person, who said to me, "An Irish person can't live this kind of life even for a day. You people are very brave." We are treated so badly here.'*

Some women reported that their partners were not able to handle the stress of being unable to work and of living in difficult conditions at the centres.

*'Men feel frustrated because [they] can't provide and [they take] it out on women. It means that women get abuse from inside the home and from outside. Men feel pressure, but women feel more.'*

*'Sometimes men are affected more ... they are frustrated that they can't provide for their families. They sometimes put this frustration [on] their partners, so women end up getting double abuse, frustrations and pressure.'*

One woman reported that she had shared her room with a non-related roommate who appeared to be suffering from mental-health difficulties. She explained that the woman would yell demands at her at random, causing her to live in fear, but that she was given no opportunity to remedy this situation, and ended up living with her for a few months. Other women reported having a difficult time with their roommates, with some reporting

violence or threats being made against them. Another woman spoke of a resident in her centre who threatened to kill her by pouring boiling water on her.

*'The woman I was sharing with had serious problems. She was always screaming and hitting boxes. I feared sharing the room with her. Thank God she was transferred.'*

A 2010 news article highlighted the issue of depression amongst asylum seekers, resulting from their lives in direct-provision accommodation [12]. A GP from a Tralee clinic, who was interviewed for the article, commented on his work serving three direct-provision accommodation centres and treating patients from the Democratic Republic of Congo, Zimbabwe, Nigeria and Uganda. The GP reported that rates of depression and anxiety among the town's asylum seekers were 'much higher', when compared to native locals. The article reports that while country-of-origin persecution can be a strong factor contributing to depression, the enforced inactivity of asylum seekers' lives and the high rate of rejection of their asylum claims in the first instance appear to have a large negative effect on mental health, with symptoms of depression often surfacing within six months after arriving into accommodation centres.

A qualitative study by the HSE West of Galway City's direct-provision centres and private accommodation reported that '... experiences of past traumas and fears for the future, length of time living under the direct provision accommodation system and language barriers had a negative impact on mental health. This contributed to asylum seekers perceiving their overall health to be poor. Emotional stress associated with these experiences was significant [13].' This report also suggested 'the need to revisit policies in relation to the reception of asylum seekers in this country, to improve social inclusion and integration by linking with local service providers and institutions and availing of existing social resources in the community'.

A 2007 study in the *Irish Medical Journal* stated, 'Asylum seekers were five times as likely to attend with a psychiatric condition as their matched Irish GMS patient [14].' According to Amnesty International, asylum seekers are three times more likely to be assigned a diagnosis of anxiety [15].

The Health Service Executive (HSE), the government department with direct responsibility for the provision of health services to asylum seekers, has highlighted arising health concerns resulting from overcrowded and stressful living conditions in accommodation centres. Many mothers felt that the poor living conditions in some centres could harm their children's health and cause them to be more prone to infections and illness.

Ireland's *National Intercultural Health Strategy 2007-2012* refers to its asylum system, stating, 'It appears that prolonged length of stay of people within the direct provision system may have a direct negative effect on overall wellbeing [16].' The strategy also states that the mental health of asylum seekers 'may be further affected by social isolation, pre- and post-migration trauma, cultural shock, language barriers, insecurity around the asylum process, loss of traditional support structures, separation or death of family members, fear of deportation and poverty, coupled with a lack of understanding about services, and poor accommodation conditions and arrangements'. It further states, 'The length of time spent by asylum seekers in direct provision, together with their lack of entitlement to access employment, has an additional detrimental effect on mental health. Feelings of disempowerment, isolation and loss of self esteem are common themes around this aspect.'



## 2) Children Growing Up in Direct Provision

Direct provision, comprising institutional communal centres, is not well designed for, and not supportive of, parenting. Children may not have had the opportunity of a normal childhood while living for prolonged periods of time in institutionalised settings. Many of the mothers surveyed reported difficulty in raising a child while living in direct-provision accommodation.

Some mothers said that their roles had shifted while living in the system, and that they went from being the heads of their families to becoming dependants, making them 'feel like less', saying that they 'don't feel like a woman or like a mother'. These women explained that their ability to manage their families' lives with care, including their children's health and nutritional needs, had been taken away from them, and that they had to work hard to keep their families from suffering from food poverty, oftentimes poor living conditions, and the impact of confinement on their mental, emotional and physical health [16].

*'We have tried to seek [a] meeting with the management to discuss security fears and other issues, such as hygiene and food, but they have declined from meeting with us. They don't care about us at all, but this is affecting us as parent[s].'*

Mothers from one region said that they felt their children's quality of life suffered because of the long periods of institutionalisation, awaiting the determination of their family's refugee status or claim for protection or leave to remain. With families living in accommodation centres, often in just one room or in small spaces, finding space for their children to play properly can be a challenge for mothers, as well as finding space and quiet for school-aged children who need it for their studies. This has led to concerns for parents about their children's developmental needs.

Parents also have concerns about safety in their children's play areas. Women from more than one region related that they did not allow their children to play unsupervised outside the areas of their centres because they did not feel it was safe. In some centres there are no grounds on which children can play. The women said that they felt that children living in these conditions do not have an outlet for their stress, and cannot just be children and play.

Mothers were also worried about how discrimination may make their children feel, with women from one region saying that they felt some children in town did not want to play with their children because they were asylum seekers, and that living in the centre labelled the children. Some mothers related that their children saw the 'difference between Irish-born and African-born' and that Irish-born children had more rights. Mothers were worried about how this would affect their children's sense of self-worth.

Since 1 January 2005, children born in Ireland no longer have as an automatic right Irish citizenship solely on the basis of their place of birth. This followed constitutional changes arising from the Citizenship Referendum of 2004, which changed Article 9 of the Constitution. The subsequent Irish Nationality and Citizenship Act 2004 [No. 38], enacted in December 2004, gave effect to decisions arising from the referendum [17]. There are now children born here who are growing up in Ireland but who do not have official ties to Ireland, i.e. Irish citizenship. Their parents' countries of origin may be as foreign to them as they would be to an Irish child, as they have never lived in those countries. In some cases these children may not be eligible for citizenship or have access to services in their parents' countries of origin. As a result these children may feel that they have no identity and parents may be worried that should they face deportation these children will have problems returning home.

*'My four-year-old son was born here in Ireland. At least he should be afforded the right to citizenship at one stage in his life. He [is] not a migrant - he is Irish. This is where he was born.'*

Lack of childcare was a key issue highlighted in the focus groups, with many of the women surveyed saying that they had no access to crèches and few had funds for private childcare. Many problems resulting from a lack of childcare were cited. Some women mentioned that asylum interviews could be difficult if they had children who they needed to bring with them or if they had to arrange childcare during that time.

Many women felt that the lack of childcare impacted on their own integration as parents in their communities, limiting their opportunities for engagement. The lack of childcare also created a barrier to women's abilities to volunteer or attend events and socialise, which, in turn, placed them at greater risk of being isolated from Irish society. Where women did have access to crèches, some language difficulties were reported, and a woman spoke of one crèche where children were confined to a small room and told to stay quiet so as not to disturb the neighbours.

In direct-provision accommodation, parents can sometimes have limited control of whom their children may come in contact. The Reception and Integration Agency's (RIA's) *Child Protection Policy for Accommodation Centres* states, 'Parents/guardians have responsibility for the welfare of their child(ren). However, all those working in Accommodation Centres have a duty to care for residents [18].' Much of an asylum seeker's child's welfare is effectively beyond the parent's control, dictated by the ways in which the centre is managed. Under 'Staff Recruitment', the child protection policy states, 'When/if Garda vetting is available, all staff will be formally vetted.' It mentions a 'Designated Person to be identified from within the management team to be responsible for dealing with any concerns about the protection of children', stating that this person 'should be contactable by staff at all times' and 'where possible, both a male and female Designated Person should be identified'. The policy states, 'Designated Persons should participate in the HSE "Keeping Safe" training in relation to child protection where locally available.' As stated, it would appear that centre personnel might not be currently vetted under the child protection policy if Gardaí are unavailable. There also does not appear to be a formal vetting process for recruitment of individuals employed to work with vulnerable or at-risk women.

Consideration of women's and children's simple, basic needs is often not taken into account in some of the accommodation centres. For example, some mothers said that toilet-training in communal bathrooms was problematic for them, with women from several accommodation centres feeling that communal bathrooms were not safe to use unsupervised by children of any age. Mothers, therefore, accompany their children to the bathrooms, and for those with small children, they then must make arrangements when they use the bathrooms to bring all the children with them or have someone mind them in the room.

Safety and child protection issues should be reviewed where young children only have access to communal toilets in accommodation centres. In one centre, women reported that communal bathrooms were often kept in an unhygienic condition and/or had broken toilets. Women living in another centre reported broken and often backed-up toilets, and said that almost a week could go by without cleaners. The women said that they wanted to clean the bathrooms themselves, but that they were not allowed cleaning supplies to do so.

*'I have taken the responsibility of taking my children and cleaning the toilet before they use it, but we are not provided with cleaning detergent. Our living conditions are quite unhygienic.'*

While parents said that they are very appreciative of the education afforded to all children in Ireland, they explained that issues have arisen which can make their children's school experiences difficult. School places are at a high premium for all parents in Ireland, and placing children in school has proven divisive in some communities. One mother was told that she 'wasn't supposed to get [her] daughter into this school', and in the end, her daughter ended up having to attend a different school.

Children who arrive into the accommodation system are often registered into local schools by the RIA or hostel managers, meaning that parents lose their decision-making control over the choice of school for their children. They are also not given the option to move localities, should they wish for their children to attend specific schools, even where issues of special needs arise.

The associated costs of schooling can be hard for asylum-seeking parents to manage, particularly if a parent has more than one school-aged child. Since all asylum seekers are no longer entitled to Child Benefit, they must respond to many of their children's expenses from their weekly payments of €19.10, and €9.60 for the child. At present, asylum-seeking parents can apply for the periodic Back to School Clothing and Footwear Allowance for their children, but can struggle when such expenses arise outside of this payment period. They are also concerned that the ability to receive this benefit could change.

A Department of Social and Family Affairs internal review (2006) recommended that the Direct Provision Allowance be administered directly by the Department of Justice, Equality and Law Reform, instead of it being administered as a SWA payment. As a recent report on direct provision from the Free Legal Advice Centres (FLAC) notes, 'This may affect the small number of other payments to which direct provision residents may be entitled, namely Exceptional Needs Payments, Urgent Needs Payments and Back to School Clothing and Footwear Allowance [6].'

The RIA's website states, 'School transport is arranged to bring children to and from school if an accommodation centre is located at a distance from the school.' While this is the case in some areas, in practice, mothers have reported having to arrange for their children to be taken to school or having to pay for children's public transport. Women related that some parents who had been given cars by friends to take their children to school said that they faced having other social welfare supports taken from them, such as the aforementioned Clothing and Footwear Allowance.

After-school activities, sports, school trips, computer use - all things that can enrich a child's life - can often be out of reach for children in the asylum system because of their parents' ongoing poverty. Women said that transportation to and from centres, which could enable children and parents to participate in community, after-school or weekend activities, could also be difficult. At one centre, residents reported that there were no weekend buses that they could access, and the last bus on a weekday was at 5pm, leaving them unable to participate in sports or events outside of these hours.

Children are growing up in these insecure environments, some for years, while their families await decisions on their protection applications. The impact of direct-provision accommodation on children, and the potential long-term effects thereof, should be reviewed, and any needs arising attended to by the State.

### 3) Treatment of Women in Direct Provision

Many women surveyed said that they did not feel that they could express their honest views about their living conditions to accommodation-centre staff and management or the RIA. Some women said that they thought that nothing would be done in response to a complaint, and they feared being labelled troublemakers or victimised. Women from one centre also reported being scared to even attend meetings outside of the centre. They said that it was their impression that their centre's management did not look kindly upon women organising such discussions and meetings.

Women said that during disputes, they felt that the management would only tell the RIA their side of the story, and felt at a disadvantage to explain their own side. It should be noted that the *Direct Provision Reception and Accommodation Centre's Services, House Rules and Procedures: Information Booklet for Residents and Staff* states that a person's asylum application will not be negatively affected if they make a complaint [19]. Despite this, many women in the focus groups had a strong impression that their cases would be negatively affected if they complained. Women from two regions said that some centre staff used the fear of deportation as a threat to intimidate residents when they complained. This contributed to a feeling of hopelessness amongst the women that they could actually do anything to change their situation for the better.

*'The management have no respect for us at all, and they always show you they are in power. If you take food back that is raw, or question anything, then you are threatened with transfer. You are seen as a troublemaker. You can hardly challenge anything, due to fear of jeopardising your case.'*

The complaints procedure in the *House Rules and Procedures* is stated as only being available to use when a resident has a 'genuine grievance'. The assessment of what this constitutes is not specified, and the assessor is assumed to be the accommodation-centre manager, as s/he is the first official to whom a resident must alert a complaint within direct provision. The complaints procedure states that only 'where possible' a complaint will be dealt with by someone of the same gender, and it does not set out how a resident may go about contacting specific officers. According to the rules, residents must first bring a complaint to the accommodation-centre manager, who will then be 'obliged to try to the best of his or her ability to resolve the issue quickly and informally'. This does not give set criteria for the accommodation-centre manager to follow for resolving issues or complaints, but rather implies that the handling of such is dependent on a manager's personal capacity and capability. The rules state that only in 'exceptional circumstances' can a complaint be made directly to the RIA, who reserves the right to refer the matter back to the accommodation manager. It should be noted that the RIA has increased the number of information clinics that it holds in accommodation centres (38 such clinics were held in 2007 and 115 were held in 2008) [6].

There is no independent assessor of complaints in the Irish asylum system. The *House Rules and Procedures* states that residents are initially instructed to see if the problem can be handled informally by their centre's management. The remedy system assumes fair and impartial management. A problem that a woman might present could be a staff or management breach or violation, or failure to provide for by management itself, and as such, they may not feel comfortable using the procedure in this manner.

In one focus group, participants explained that a resident who had complained that expired food was being served in her centre was transferred shortly after the complaint was made. In another centre, family run and owned, women reported being fearful that complaints or 'mistakes' could get them transferred, and that as the centre was family

run, they did not feel that they could report matters about one staff member to another. The fear of transfers had an impact on women, who expressed various reasons for not wanting a transfer. For mothers, it meant losing their and their children's connections to the community (including school places), built up over the years. Women also felt that transfers could result in being sent to centres with living conditions that were worse than the ones in which they were currently residing.

*'You fear to speak or say anything since you are threatened with transfer every time you question or challenge. Gardaí [have] been called many times when residents stand up for their rights. Some people have been transferred within a day or two. You are always in fear of the consequences, with a feeling of lack of control, hope or drive in your life.'*

In relation to their interactions with management, women in one region said that they felt that they were treated differently to the men at their centre, and that management seemed to relate better to men overall. The women did add, though, that some men had been treated badly at the centre. They related that when a man complained about a pasta meal being uncooked, he was told by the manager, 'You're the only one complaining. Everyone else is eating.' Other women said that they had been served undercooked food in their centres. Women from two centres also said that residents had been given expired food at times.

Many women commented on the lack of control over their and their families' diets, as well as the quality of meals and food served in their centres. Women said that they wanted to cook for their families to make sure they were eating properly, but that they had no control of their or their children's diet/mealtimes, and it can be difficult to have enough time on shared, old kitchen equipment or microwaves to put together proper meals for their families. Women from different regions reported problems with getting the right food if their children had food allergies or were sensitive eaters, and many women reported fearing retribution if they made a request or complaint about special diets. One mother said that she made sure that her son does not complain in front of management. In the same centre, women said that because they feel that they're not always respected by staff, they are reluctant to go to management with any complaints or issues.

*'It's either you take what you are given or live without. The food [is] raw and not even culturally appropriate. [I] am pregnant and I can't even get fruit, even if I get very hungry. It's really hard for women here.'*

The government's *National Intercultural Health Strategy 2007-2012* notes, 'Issues relating to food poverty among asylum seekers living in direct provision have been reported, with a report by Manandhar (2006), conducted in the North West, highlighting issues of concern for nutritional status and health and well-being, particularly with weight gain, high calorie intake from protein and fats, limited food choice and overall food poverty (Manandhar, M 2006). The Institute of Public Health has also expressed concerns around the implications for physical and mental well-being of this situation [16].'

*'You are provided with chips or rice every time - this is not healthy for your children. I feel so helpless. My children don't seem to understand why we can't cook for ourselves.'*

Women explained that set mealtimes also made it harder for them to volunteer or participate in community activities. For the women who do try and use kitchen facilities (in the centres where they are available), there are usually limited hours of operation. This and the cost of groceries on their limited payments, plus resident demand, can severely affect the women's use of kitchens. In one centre, women reported that the kitchen was open to residents until 7pm, but after one resident made a complaint,



management scaled back the closing time to 5pm, and said that anyone found using the kitchen after that time would be banned from using it for a month.

*'The food we get here [is] not culturally appropriate, but you have to give your children what [has] been provided, and if your child [has an] allergy or [doesn't] like that specific food, then you would have to do something. With my €19.10 I have to make sure that I use it wisely to provide food for my child, though it's not enough.'*

Rationing of food by management was discussed by some focus-group participants, with women from one centre speaking of limited milk and fruit rations, even in the case of pregnant women. Staff reportedly told them that this was because of the recession. In another centre, mothers reported queuing for up to 20 minutes to use the centre's microwave to warm their babies' food. In yet another centre, a woman said that she felt that the priority of food provision and laundry facilities went to families living there.

Women commented on RIA inspections of their direct-provision centres, with those from one centre saying that their management was nicer to them when an inspection was taking place. Women said that they wished that RIA officials would speak directly to residents, to have a better awareness of what is happening in direct provision. However, they also explained that direct contact with authorities by residents was not always successful, as witnessed by one mother, who reported being turned down by an RIA official when she asked for milk for her baby (who was older than 12 months), with the official telling her to 'manage it'.

At one centre, the women said that at mealtimes, some staff servers 'treat you like dogs' and that a resident asking for a second helping might not be well received, with comments from servers such as, 'How many are you taking for?' Women at this centre said that they do not ask for anything outside of that which is given to them. One woman said that they are given food like one would 'give a dog in their country - it [is] thrown to your face'.

*'[The] staff lacks mannerism and cultural sensitivity. We are treated with no dignity, or like less human.'*

#### **4) Privacy Concerns of Women in Direct Provision**

A majority of the women surveyed cited privacy concerns in direct-provision accommodation. Some women talked about the lack of privacy due to living in close quarters with unrelated residents. Others spoke of more serious alleged breaches. In some accommodation centres, women cited serious violations of residents' privacy, including unannounced room visits while they were dressing or (for those residents with bathrooms in their rooms) bathing/showering, and where their personal belongings had been gone through without notification.

*'When the management opened the door, I was taking a shower and what could I have done? They had already seen everything. There is no privacy at all.'*

The opening of letters clearly marked 'private and confidential' was also mentioned by some of the women surveyed. Women from more than one centre said that some of their letters appeared to have been opened before they received them, in particular, official letters from the State. Women from one centre alleged that their manager appeared to have knowledge of a person's refugee, protection or leave-to-remain decision from Department of Justice, Equality and Law Reform before the individual did.

Women from one centre spoke about the CCTV at their centre, saying that they felt like they were always being watched throughout the centre, even when they ate. Women said

that cameras were 'recording [their] movements'. Women in that centre were told by staff that the cameras were there for their 'safety'. While CCTV is referred to in the RIA's house rules, protocols should be clearly set out and explained to residents with regard to the purpose, positioning and operation of security cameras in the accommodation centres. Assurances should also be given to residents by management regarding issues such as privacy. Women in one group also said that they thought there might be microphones placed in the residents' communal meeting room, based on private conversations in this room becoming public [20].

*'You really feel trapped in the hostel. Then there are cameras everywhere - you feel like you are watched 24 hours - and yet, when an incident takes place, they say they can't trace [it].'*

At times, women felt that they were 'treated like criminals', with little freedom or control over their day-to-day living, sometimes for years. One woman surveyed said that asylum seekers in Ireland were 'always told what to do and when to do it'.

### 5) Asylum-Seeking Women in the Community

Some of the women in the focus groups related experiences of racism, discrimination and abuse. Many women noted that while in reception centres in Dublin, they found that living in a larger city with a greater degree of diversity made them feel less visible. However, some of the regions to which they were then sent were less welcoming, as these women were clearly the main visible minority.

*'I travel to Dublin regularly, since this place is so isolated and far from reach. It definitely helps to clear my head. I somehow [feel that I] am treated with more respect.'*

Some women said that they felt an undercurrent of racism in their communities, especially towards black African women. One woman related that 'once they see your colour', security guards or employees follow her around in the shops. The following of women in shops by security or staff was also reported by women in other regions. Women said that they were followed in stores by employees as if they would steal something from the shop. Women related that they thought this might happen because staff knew of asylum seekers' poverty and impoverished living conditions. Some women reported feeling embarrassed, unable to go even window-shopping for fear of being watched. One woman said that if 'they came to her country', they would be served.

*'We are always insulted, even while shopping, especially the old people - they don't only give you the dirty look, they insult us verbally [saying], "Do you get this kind of money in your country?"'*

Women in one region said that they felt that Irish locals were 'mostly friendly', but when they tried to access services, that was when they might encounter racist or discriminatory attitudes. In a hospital, a woman said that she was placed in a wheelchair beside an empty bed, rather than in the bed.

*'I have to collect the money at our post office, but people in the queue and at the counter are not welcoming. They give you dirty looks and say something about the money you get.'*

Women from several regions commented that, regardless of a woman's legal residency status, a black African woman would likely be assumed to be an asylum seeker and not treated well, due to the associated stigma.

Many of the women in the focus groups said that they had experienced individual and institutional racism. Women said that they thought that racism had increased during the current economic crisis.

*'We were walking to the city centre and a group of young people approached us. One pulled my hair and said we are the cause of [the] poor economy.'*

In one region, women reported that they had been subjected to verbal racist attacks. Some mothers related that their children had been subjected to racial abuse in school. During one focus group, a woman reported that she had been called a 'nigger.'

*'When I was with an Irish friend, walking, a local individual man called me a black monkey.'*

In another region, a woman reported that individuals were 'sniffing them'. Women said that some locals in their community had been touching a woman's hair and then said, 'I've never touched [a] 'Black's' hair.' Women from this region also said that some people in their community had made fun of asylum seekers.

In another region, one woman reported being pelted with eggs, pushed and asked, 'What are you doing here?' Another woman related an experience in which a man let his bull terrier off-leash when she walked past him. She said the dog attacked her and when she cried, the man laughed at her. Women said that they wished that there was a greater understanding within their community of the reality of asylum seekers' experiences in Ireland. Some women commented that they thought the locals believed that asylum seekers' lives are easier than they actually are.

To the question as to whether or not the women felt safety and security, the short answer in one session came quickly, in unison: 'No!' Some women reported feeling unsafe, saying, 'It's scary,' and that maybe 'next time they will slap or push you'. One woman spoke of a female migrant taxi driver who was raped by a passenger but did not talk about it because she felt deeply ashamed. When women were asked in one session how they were living, a woman simply responded, 'With fear.'

Women from one region reported that they felt isolated and unintegrated in the community. They added that there were some local children who appeared to avoid contact with asylum seekers. Women from this region also said that they felt that no one talked to them in their church and that even their pastor did not know where they lived. In another region, women told of a non-certificate computer course that appeared to have separate classrooms for asylum seekers and Irish nationals. In this same region, women said that asylum seekers were told by some locals, 'We pay, you use.' A woman was told by one local individual that if she did not like the conditions there, 'You can go back to your country.' One woman said that in class, students were nice to her, but when she was outside of class, it sometimes was a different story.

*'Once in the street, they assume they don't know you [when] you approach them to say hello. It's the same with children, especially when they are with their parent[s].'*

In two accommodation centres, women reported feeling that they were treated less favourably because of the colour of their skin. At her centre, one woman observed a black woman asking for milk for her baby and being told by staff, 'Okay, I'll give it to you later.' Despite asking for the milk several times, she was never given it, but she saw a neighbour of hers being given milk shortly thereafter.

*'The manager himself is intimidating, uses bad language and verbal racial abuse, sometimes uses threats. He uses "promise and favours", and many women have given in to receive these favours.'*

Women from several regions reported that while walking in town or picking their children up from school, they were being followed by men, sometimes by men in cars. Women coming from, or going to, accommodation centres have been asked if they want 'lifts' in or out of town, or if they want money. Women said that they had been approached by local men and asked if they do sex work. Women in one region had been asked by local men, 'Do you need money? Do you want to work?'

*'Women are been harassed here every day. The other day, a man in a car followed me and started shouting, "Have sex with me!" It doesn't matter - they think everyone black here is an asylum seeker and that they can harass us. They know we live on €19.10.'*

A woman spoke about a man in a car following her, even past the local Garda station. He asked her if she wanted to get a drink or 'get together'. He circled the block twice before he finally gave up and left her alone. Another woman said that while on a school run with her children, a local man asked her if she wanted to have sex with him. Women from one region reported a man in a van who allegedly waits, parked inside the centre's gates, and approaches women.

## **6) Women's Experiences of Asylum Processes**

While most agencies, government departments and accommodation centres have some informal or formal remedy mechanisms, in the case of accommodation centres, the system is not independent. However, there was almost an all-pervasive feeling from the women surveyed that any complaints would negatively impact on their pending applications for asylum, protection or leave to remain. The discretion built into many systems with which women dealt did not help them to have clarity about what was considered in their claims. The non-transparency of many processes also contributed to their unease. A possible factor in their ongoing anxiety is that this discretion is coupled with an enormous amount of time spent waiting for an asylum, protection or leave-to-remain application to be resolved.

Many women said that they worried that, even if their case is strong, they need to have good, private legal representation in order to obtain refugee status, protection or leave to remain. Some women said that they felt that if they received a deportation letter, only a private lawyer would help them fight it effectively. A few women spoke of being afraid that officials with whom they dealt were biased towards them because of their countries of origin. Some women worried that Nigerians were treated differently and more negatively during the asylum application process than other nationalities. Some women said that they were afraid that racism might affect how their asylum cases were handled.

*'[A] process is a process - you don't have a choice - but it is difficult to read the outcome. I also feel they don't want us here. [They] don't want to grant us asylum.'*

Some women reported that they did not feel that they were treated fairly during their interview processes. Women spoke of being rushed through their application processes,

feeling that some of the officials with whom they dealt were just going through the motions and dealing with them in a perfunctory manner.

*'When I went for my interview, I was very badly treated. The woman interviewing me said she doesn't want to hear my tales. I cried a lot. Am only saying it now, have never shared with anyone.'*

Women from one region alleged that some interviewers had told women during their interviews that they were 'lying'. Women said that they felt that some interviewers did not appear to be trained in dealing with individuals from different backgrounds. Women reported that they did not know that they had the choice of being given a female immigration officer or caseworker if they requested it.

A woman said that she tried to show a caseworker marks on her arms from beatings that she endured in her country of origin, in order to give evidence of her claim, but her caseworker did not appear interested. Another woman said that her lawyer needed her to establish a certificate of rape. She said that she was told by her GP that because he was not her permanent GP, she needed to wait until her permanent doctor was assigned to obtain her certificate of rape. One woman said that she went to a GP for a field report, but that as far as she knows, it was never submitted for her case. A woman said that her caseworker requested to see her GP report, but she has not been able to get the report back from her lawyer; he is not answering her calls or letters.

Some women said that they felt their lawyers did not appear interested in their cases or had heavy caseloads and appeared to be too time-strapped to be able put enough time into their cases. Other women surveyed worried that their lawyers were fast-tracking their cases. More than one woman reported not having much contact with her lawyers. One woman said that she had seen her lawyer only once. Another said that her solicitor did not even know what she looked like, much less anything else about her case. Another woman spoke of her lawyer being unavailable on the day of her hearing. Her substitute lawyer did not bring her file, nor appeared to have read it prior to the hearing. She gave the lawyer her own copy of her case file, which she said the lawyer glanced at briefly before heading into court. Women felt that a negative answer in the first instance, regardless of the reason for refusal, had the power to create doubt as to whether or not they would be believed with officials thereafter.

Positive experiences with lawyers were also reported by the women. One woman said that she had been impressed with her lawyer. Thus far, her calls were always returned, and it had been a good experience for her. Another woman said, 'There are good ones,' and told of how, after five years in the asylum system, she was able to get a very good new lawyer who was active in progressing her case. He even travelled from Galway to Sligo to work with her.

Some women had private lawyers who, knowing their current poverty, had not yet charged them fees, and told them that it could wait until they received their papers. Another woman said that she had come to Ireland without her references, but her lawyer was able to find three good references in her country of origin to support her case.

In speaking about asylum interviews, some women told of being asked identical questions during lengthy sessions three months apart. The women wondered if this was done to 'catch them out'. Women in one region reported that staff who interviewed them for their applications were sometimes rude to them and engaged in behaviour with them that the women thought would damage their cases' credibility, such as a woman being asked the same question in several different ways. Some women felt that some interviewers wanted



them to fail. Women spoke of waiting hours for their interviews, engaging in a few minutes of questions, and then waiting again for hours to continue. Some women talked about interviews where there was a delay of about a year or two between them.

A woman said that when she saw what was being written up was different to what she had said during her interview, she made sure that her statement was corrected. Other women surveyed, in particular those not fluent in English, said that they were not sure that their interpreters were exact in their translations. One woman was asked to locate important cities in her country on a map, and she wondered: what if she were uneducated and illiterate, as is the case for women from some regions in developing countries - would this then be held against her?

During their interviews, some women said that while they were not allowed to bring their babies in with them, they were expected to make applications for their children on the same day (children are normally put on their mothers' asylum applications as dependants).

Some women reported 'romantic' advancements by their lawyers, unsolicited by the women themselves. Most women were afraid to complain because they were fearful that complaints would jeopardise their pending asylum cases, and they were often unaware of the bodies to which they could make complaints. Most of the women's fears were strong enough to stop them from making complaints to authorities against the offending parties.

*'When I went to see the lawyer who was supposed to help me with my case he started telling me, "You are very attractive. I would like to have a relationship with you." He came too close, near to my breast.'*

One woman spoke of a breach of her privacy during the handling of her case.

*'The solicitor had everything before I was at my meeting. I had to give him the password. I was just trusting people, and he had printed out everything, even private things.'*

## **7) Access to Rights and Services for Women Seeking Asylum**

Many women surveyed felt that their centre's management did not give them a great deal of information on local services or entitlements. Women in some regions reported that NGOs appeared to be the only consistent providers of up-to-date information on rights and services.

In terms of accessing health services, women in one region spoke of the difficulties that they had had with a particular hospital administrator. One mother was told by her to return at another time, but found out later from her GP that she should have been seen much earlier, as she had a bad chest infection. Women from one centre reported that they did not have access to a female general practitioner, and that a nurse appeared to be biased in how she handled patients. Women feared getting on her 'bad side', as that might limit their access to their doctor.

*'The receptionist at the clinic determines who sees the doctor. You have to explain to her why you want to see the doctor, where she then decides who sees the doctor.'*

There was also a problem with confidentiality of the patients' conditions at this clinic. Women reported having regularly been asked to describe intimately personal female health conditions to the nurse in a waiting room filled with fellow residents and other patients. In another centre women said that there was no after-hours medical service, even if children were sick during the night. Women with limited English said that their

centre's GP did not have an interpreter, and because of this, they were fearful that they would get the wrong treatment or be given the wrong prescription.

Women from one centre said that, despite some residents living in direct provision for a long time, they were not given much support in terms of moving out of the centre. Asylum seekers are allowed two suitcases or bags of possessions while living in direct provision - a policy perhaps put in place when it was thought that stays would not be longer than six months. At present, families can be living in direct provision for years. Women said that sometimes families are told that they have to move within 24 hours, sometimes across the country. Women from one centre said that a family apparently was not moving out fast enough, and that management allegedly called the Gardaí to remove them from the centre. Women from this centre said that there is no access to a bus or van to help a family move - they are just issued a voucher for Bus Éireann.

### **8) Women Seeking Asylum: Volunteering, Education and Training**

The Irish government does not allow asylum seekers to work and because of long decision-making processes, women can be out of the job market for years. Women reported being depressed that they were not able to work and support themselves and their families for such long periods of time. Women said that they wanted to use their skills, even in voluntary capacities, but that sometimes, in attempting to volunteer, they have encountered discrimination. Research in Ireland has shown that a considerable percentage of immigrants are well educated and qualified [21, 22]. Many women surveyed said that they wanted to keep their qualifications current, to learn new skills, pursue further higher-education courses and be able to volunteer in their areas of expertise.

*'Most of us are very qualified, like me - [I] am a banker. The only volunteer work I can get is cleaning toilet[s]. I wish they could offer me a chance to volunteer in banking. I would feel productive and respected, too.'*

People seeking protection in Ireland are denied access to full-time third-level education programmes, and have only very limited opportunities to access vocational training and educational schemes. Women from some centres reported that basic English and computer-skills courses are on offer in their region, but that more advanced, comprehensive skill-based courses are not accessible or available to them. Women said that they wished that they could participate in practical training programmes because if they received status, they would be ready for employment, and if deported, at least they would have something to take back with them after their time in Ireland. Women from one centre reported that many women were in training or coursework, and that mothers there worked together to handle child-minding.

Women surveyed related that volunteering within the community, rather than being empowering, could sometimes be demoralising. Women said that they were often offered only domestic, cleaning and culinary voluntary work. One woman was told that she did a great job volunteering for a summer camp, and that she would be called in for more work, but when she returned to them, she found that they had brought in other volunteers instead. Another woman said that while in her time volunteering in a writing centre she felt that she was seen as an equal, she still 'knew she was the only black person in the room'. Women from one region said that they felt that voluntary work was inaccessible to black women, or perhaps asylum seekers, even when they sought to share their skills with others and increase their knowledge.

One woman related giving her accommodation-centre management a written request to be part of a volunteering event out of the city for a charity. She received confirmation ahead of time from management that she could be away from the centre for more than three

days. On her return from her charity work, she found that management had withheld her €19.10 weekly allowance, telling her that she was gone for more than three days from the centre without permission. She had to tell the charity that she could not afford to participate in future events outside of the community. Women from this same centre reported that residents receive their €19.10 cheques directly from staff at the centre's reception and not at the post office, like many other centres. As a result, women at this centre felt that management can more easily and discretionally withhold a payment for a perceived 'infraction' or 'breach' of the rules.

Many women reported that opportunities for participation in community work and integration initiatives are often limited to creative and culinary pursuits. As well, the cost of participation for the women was not always understood. A woman was asked to bring a group to a local musical festival, but because there was no provision of childcare or meals, she could not take part. One woman related being asked to join a local drumming group, but because she needed to pay a joining fee, she could not participate. A woman who was committed to her volunteering said that she struggled to pay for transportation to and from her volunteer organisation, but only found out later that it covered these costs for volunteers who needed and requested it. Where public transportation to and from isolated accommodation centres is poor, women reported that this limited their participation in community activities, including attending church.

*'You are penalised in all forms. Staying in direct provision the whole day just [results in] more trauma. At least out there you can meet other people and be out of your usual ordeals.'*

When a community group came and talked to residents at one centre about volunteering for a festival, they requested a juggler. That the potential contribution of residents might only be seen in a limited light - that they could be counted on for domestic work or entertainment, but not as business professionals in other fields with skills to offer - left some women feeling misunderstood and demeaned. Women felt that there was sometimes a lack of awareness in their communities of their 'lived experiences' as asylum seekers and how their current circumstances might provide great barriers to their being able to achieve meaningful integration.

*'You might see social events posted on the board, but you don't really feel involved in those kinds of events. If you go, people won't say anything to you, so [you] feel isolated and excluded.'*

Women from one region reported that they noticed that some Irish visitors to their isolated centre appeared anxious and afraid. Women from one centre alleged that they had sometimes been denied the right to bring visitors into their centre. In one focus group, a woman spoke about teenagers from her accommodation centre having said that sometimes they're afraid to say that they are asylum seekers for fear that they will receive a negative reception from local individuals.

Women surveyed confirmed the ability to host parties or celebrate cultural events can vary from one location to the other. Important family events, such as naming ceremonies, Holy Communions, children's birthday parties, graduations, and celebrating diplomas and leaving certificates must be provided for from the limited weekly allowance that parents are given. Women from one centre related that kitchen time is not extended for women preparing for special family or friends' events.

*'My daughter is always invited to other children's parties. I had to save for many months to at least be able to organise a birthday party for my daughter. We invited children from the hostel, and the management provided us with the free room.'*

Women from one region said that they had heard of women of the Muslim faith being facilitated by some centres while observing traditional rites, e.g. in purchasing halal food, but that during fasting, the women at their centre were not allowed to cook at night, so they had to eat cold food after sundown or buy their own food during this time.

The women surveyed reported that they would like the chance to meaningfully engage with Irish society and to be able to make a significant contribution. Women felt that this would also serve to increase their feelings of self-worth.

*'Some of us were lawyers and nurses in our country. We have much to offer. We could use our skills to contribute to this country.'*

### **Women's Suggestions for Actions and Change**

Women said that they felt that if officials in the Department of Justice, Equality and Law Reform and in the Reception and Integration Agency (RIA) really knew what was happening in some of the accommodation centres, they would change things for the better. The women felt that many of the centres were physically unsuitable for families (e.g. lack of playgrounds, distance from schools, small rooms, communal bathrooms, isolated location of facilities, such as laundry rooms, etc.) or that there is an inappropriate mix of families, single women and single men. Women want officials to recognise that children are growing up in direct-provision accommodation and that they need to look at the impact of this on children. Women said that they felt that cases should be reviewed before a woman was placed in a centre, in terms of the sensitivity of suitable placement, e.g. if a woman was raped in her country of origin, she should be put in a women-only centre. At present, there are no accommodation centres exclusively for single women.

Women spoke of needing food that was better for their children's health, e.g. less spicy, salty or starchy items. Simple items were requested by women, such as tissues and antibacterial handwash during flu season. Women suggested that this could be purchased by hostels from the money that the Department of Justice, Equality and Law Reform provides for each resident.

Many women surveyed felt that many of the staff and management of accommodation centres would be helped if they were better trained in how to deal with asylum seekers and people from many cultures. Women thought that they would feel more secure if asylum decision-making processes were transparent and consistent.

Women felt that there was no accountability for actions taken against them, and there was no one to whom they could complain or report things. However, if there was, it might change things for the better. Women said that they needed an independent, impartial person with whom to speak regarding accommodation-centre matters and complaints. They also mentioned that there needs to be an independent authority to whom they could go, who would carry out the necessary actions to resolve a complaint.

The women surveyed asked that there be more professionalism amongst private and public staff, lawyers and caseworkers working with asylum-seeking individuals. One woman said, 'Who do you report this to? They need to treat us with respect.'

The women felt that if people were going to be kept in accommodation centres for long periods of time, the government should remove some of the restrictions on them in accessing educational and training courses and earning certificates, to help keep them busy and productive. Some of the women surveyed suggested that if individuals were in the asylum system for over a year, they should be allowed to work.

*'We want to have a better life. We want to work to improve the economy, to integrate.'*

Women said that they wished that they were not treated differently - that asylum seekers could be treated in the same way as others living in Ireland.

# 3. INTERNATIONAL HUMAN RIGHTS FRAMEWORK

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Ireland has signed up to and ratified, and therefore must provide for the rights contained in, the following human rights instruments:

- The Universal Declaration of Human Rights
- The European Convention on Human Rights
- The International Covenant on Civil and Political Rights
- The International Covenant on Economic, Social and Cultural Rights
- The Convention on the Elimination of All Forms of Discrimination Against Women
- The International Convention on the Elimination of All Forms of Racial Discrimination
- The Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- The International Convention on the Rights of the Child

An analysis of how the scheme of direct provision and dispersal references international human rights instruments can be found in the Free Legal Advice Centre's report, *One Size Doesn't Fit All: A legal analysis of the direct provision and dispersal system in Ireland, 10 years on*.



## 4. CASE STUDIES

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Since 2001, AkiDwA has supported women living in direct provision, reaching out to vulnerable and at-risk female asylum seekers through outreach. The organisation has handled over 2,800 individual queries from women in need of support, with many related to applications for asylum, accommodation conditions, parenting needs and access to services, employment and education.

The researcher of this report has documented two case studies of women who have lived in direct-provision accommodation. One woman has gained residency, the other is still awaiting a decision on her case. The case studies reflect women's experiences of motherhood and parenting in direct provision, dealing with issues of health and well-being in particular.

### CASE STUDY 1: Caring for a Child with Special Needs in Direct-Provision Accommodation

Mrs Kamango arrived in Ireland from Uganda with her three children in 2004, seeking asylum. She was placed into a direct-provision two-bedroom mobile home within an accommodation centre. In 2004 she gave birth to her fourth child. Her second-born son, Symbol, has epilepsy and a learning disability. Mrs Kamango related that the cramped and confined space of their living quarters at the time contributed to her experiencing many difficulties and frustrations while trying to take care of her family. In particular, it made it harder for her to attend to her son Symbol's special needs.

*'My son could get very agitated, angry and frustrated because he could not speak. All he could do [was] hit and kick me. I found this very challenging.'*

Mrs Kamango said that her son was assigned a social worker whom she found to be very helpful, both to her son and the family. Mrs Kamanago made a request to the Reception and Integration Agency (RIA) to place her family in more suitable accommodation, which could better meet the special needs of her son. She also requested that the government allow her husband to join her, to support her in taking care of their son and his siblings. Symbol's social worker and specialist doctor provided support letters to authorities.

*'It was difficult to meet the needs of my other children. Symbol himself needed a lot of care and support.'*

The RIA declined Mrs Kamango's request for transfer, and her request for her husband to join her here in Ireland was also denied. She received status through the IBC/05 scheme and was able to leave the mobile home. Upon moving into a house, Mrs Kamango said that her family's, and especially her son Symbol's, lives were transformed.

*'My son has improved, big time! He is a teenager now, and even though [he is] still with [a] disability, we now live in a big "spacious" house [so] that movement is not a problem. I can, as well, cook him food that he can eat. My husband was allowed to visit us, but he could not stay with us, so [I] am still struggling with upbringing alone.'*

Mothers who have children with special needs or disabilities can sometimes find it difficult to cope in direct-provision accommodation, especially while living in a foreign country, where they do not have the support of their extended family. Family reunification is quite important in these cases, to help support families in caring for children with special needs

or disabilities. The Irish government should help facilitate the needs of these children, regardless of their immigration status.

## **CASE STUDY 2: A Woman with Special Needs Living in Direct Provision**

Faisa, a mother of three children, arrived in Ireland in January 2007 from Ghana, seeking security and protection. She had suffered physical and psychological abuse in her country of origin and had developed a mental disorder. Faisa had several stays in hospital. Two of her children remain in her country of origin and are being cared for by her mother and sister.

Faisa was heavily pregnant when she was placed in a Dublin hostel. She said that in the hostel she felt lonely and isolated and, stressed by difficult living conditions, became depressed. A social worker, seeing that her health appeared to be deteriorating, recommended that Faisa go to a psychologist for help with her depression.

When Faisa gave birth in March 2007, her depression worsened. Faisa related that her psychologist at the time advised her that her depression would go away. Faisa said that her history of chronic depression was apparently not known at this time or factored into the diagnosis. Faisa said that while she had a great deal of love for her new baby boy, his father's mistreatment of her caused her son's birth to bring up past trauma.

*'I felt enough is enough, and the best way was just to kill myself and the baby.'*

A few weeks after her release from hospital, Faisa locked herself and her baby in her small room for three days and attempted suicide. A fellow resident realised that she had not seen Faisa for a few days and alerted security. Upon opening the room, staff found that Faisa had badly hurt herself. She was taken to hospital but at that time could not be admitted, as she did not have someone to mind her baby. A few days later, Faisa's son was taken into care and she was admitted into hospital, where she stayed for three months.

Faisa has been in Ireland's reception and asylum system for three years, and has been dealing with serious mental-health issues during this time. She finds her life in the hostel very frustrating, and feels that it is a contributing factor to her deteriorating health condition. She has the stress-related condition of irritable bowel syndrome (IBS), which needs proper diet control in order to be managed effectively. A better diet, one she could control, might also contribute to a better sense of well-being for her.

*'I feel constrained. Even with my condition, I can't cook or be in control of what I want to eat. I have to take or leave what is given to me, and it's very frustrating.'*

Faisa is currently under the care of a psychiatrist and needs to be placed in a more suitable living environment to aid in her recovery, possibly into a self-catering unit, where she would be able to cook. She needs support continued so that she can get well. A reunification with her children should be considered so that she does not have to parent them from a distance.

*'It would make a difference if they give me residency or a house where I can cook and also be in control of my own life.'*

Faisa, while having a history of mental-health issues in her home country, was placed in accommodation that was not suitable to her needs; the circumstances following the birth of her third child could have had dire consequences. All individuals seeking asylum,

protection or leave to remain should be properly assessed for a history of mental-health issues or psychiatric disorders. These asylum seekers should be considered for placement in accommodation suitable for individuals with special needs, and should not be placed within the general population in reception and direct-provision accommodation.

## 5. AKIDWA RECOMMENDATIONS

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Based on AkiDwa's work with women seeking asylum, human rights measures and best practice in reception and asylum procedures, the organisation recommends:

1. Gender guidelines in asylum and reception processes should be introduced and implemented [3]. Gender guidelines in asylum processes should be introduced into pending immigration legislation in Ireland.
2. A mandatory code of conduct and Garda vetting should be introduced and implemented for all personnel, management, accommodation owners and government-department officials working with asylum seekers in the direct-provision accommodation system. This is to ensure that all relevant personnel have the responsibility to prevent, and respond appropriately to, all forms of abuse, exploitation and maltreatment, including sexual and gender-based violence. All such policies and practical supporting documents, e.g. complaint forms, should be included in asylum-seeker induction packages, prominently displayed in public areas of accommodation centres and featured/downloadable from official government websites, such as the Reception and Integration Agency's website, [www.ria.gov.ie](http://www.ria.gov.ie). Adherence to the code of conduct should be independently monitored and evaluated and transparently assessed.
3. An independent governmental audit of its policy on direct provision and dispersal should take place, in order to ensure that it meets human rights standards in Irish law, and EU and international human rights treaties, as ratified by Ireland, and that it ensures the rights of women and children. Ireland should consider opting in to the European Union's Reception Directive. Council Directive 2003/9/EC of 27 January 2003 sets minimum standards for the reception of asylum seekers and has been adopted by 25 of the 27 EU member states.
4. An assessment of direct provision accommodation centres and the Refugee Legal Service (RLS) should take place, in order to identify levels of detection, reporting and protection of those vulnerable to harassment, abuse and exploitation. This assessment should be followed with ongoing independent evaluation and reporting, to provide for improved programme-planning for asylum seekers, minimising the risks and opportunities for abuse, harassment and exploitation. An assessment of the physical layout of all accommodation centres should take place and necessary changes made to ensure that accommodation does not contribute to increasing the risk of abuse or exploitation of asylum seekers.
5. An independent, transparent and confidential complaint and redress mechanism should be put into place for individuals seeking asylum, protection and leave to remain, and made accessible to all residents in direct provision. Reporting requirements and independent monitoring of adherence to this remedy procedure should be required. State monitoring bodies, such as the Ombudsman or the Equality Authority, should be contacted in developing these mechanisms. Fair and due process and a fair hearing should be provided to both sides of a complaint.
6. Prompt independent investigations of allegations of abuse, harassment and exploitation must take place. Remedial measures to appropriately care for victims of abuse, harassment and exploitation should be put in place.

7. **Actions should be undertaken on behalf of refugees and asylum seekers to allow for their meaningful participation in decision-making processes.** Sufficient information should be provided to refugees and asylum seekers to form their opinions, channels for communicating concerns to humanitarian agencies should exist, and they should be provided with full information about refugee protection and available assistance [23].
8. **Sanctions to perpetrators of abuse, harassment and exploitation of individuals in direct provision accommodation should be applied, with respect to due-process rights of the accused, as well as the safeguarding, security and rights of the victim or witnesses.**
9. **Mandatory training and capacity building should be conducted on a regular basis with key providers of State services to asylum seekers on the prevention of, and response to, abuse and exploitation.** This is to include all staff engaged in contractual obligations with the Reception and Integration Agency (RIA), including hostel managers, staff and accommodation owners. This training should include a gendered and cultural dimension.
10. **Separate, women-only accommodation should be established within the direct-provision system for women who have suffered gender-based violence in their countries of origin or who have been trafficked into Ireland.**
11. **Regional officers should be appointed and receive mandatory gendered, cultural training and training in asylum and reception procedures.** These officers will act as a point of contact for individuals seeking asylum or leave to remain in Ireland, and should be established within the Gardaí or RIA.
12. **An independent commission of inquiry should take place to assess the mental, emotional and physical effects of long-term confinement of individuals seeking asylum, protection or leave to remain in Ireland.** Mental health implications and the impact of direct provision on individuals should be assessed. There is the possibility of re-traumatisation for those individuals previously exposed to trauma, including torture. Individuals living in direct provision for periods of time exceeding one year should be allowed the right to work, and should have access to counselling supports, if requested.
13. **The legal aid system available to asylum seekers should be reformed to provide more legal representation at the start of a claim, to improve the quality of decisions, achieve higher case-conclusion rates and reduce the number of appeals necessary.** This may also reduce time spent living in direct-provision accommodation.
14. **Direct provision and dispersal as a reception policy should be abolished as it has failed to adequately protect the rights of individuals seeking asylum and protection in Ireland.**

## 6. REFERENCES

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1. Reception and Integration Agency. *Monthly Statistics Report*. December 2009.
2. Piper, N. *Gender and Migration: A Paper Prepared for the Policy Analysis and Research Programme of the Global Commission on International Migration*. National University of Singapore: Asia Research Institute, September 2005.
3. Gender guidelines aid asylum adjudicators in recognising that women may experience discrimination unique to their gender and that, in some instances, such discrimination can meet the standards for refugee status. Gender guidelines can assist in evaluating claims by women alleging persecution based on their gender. Reception and asylum policies and practices should be informed by a gender perspective.
4. UNHCR. *2008 Global Trends: Refugees, Asylum-seekers, Returnees, Internally Displaced and Stateless Persons*. Country Data Sheets, June 2009.
5. To meet the habitual residence condition (HRC), a person has to be deemed habitually resident in the State or the common travel area for two years or more.
6. Free Legal Advice Centres. *One Size Doesn't Fit All: A legal analysis of the direct provision and dispersal system in Ireland, 10 years on*. November 2009.
7. Free Legal Advice Centres. *Direct Discrimination? An analysis of the scheme of Direct Provision in Ireland*. July 2003.
8. Social Welfare (Miscellaneous Provisions) Act 2003; Section 13.
9. Public statement by Minister for Justice, Equality and Law Reform, Mr John O'Donoghue TD, *The Irish Times*, 28 March 2000.
10. Department of Justice, Equality and Law Reform. 'Our Mission & Values'.
11. Feminist Participatory Action Research (FPAR), organised by the Global Alliance Against Traffic in Women (GAATW), uses an approach to encourage and engage the participation of women in consultation in order to address key issues that they have identified. The research involves their articulation of the problems, their experiences, and the solutions and actions with which they propose to resolve the issues. The empowerment of women is a central aim of feminist-action research.
12. Reilly, C. 'Bearing culture in mind', *The Irish Times*, 5 January 2010.
13. Stewart, R. *The Mental Health Promotion Needs of Asylum Seekers and Refugees: A Qualitative Study in Direct Provision Centres and Private Accommodation in Galway City*. Galway City Development Board and Health Promotion Services HSE West, 2007.
14. McMahon, J. et al. 'A survey of asylum seekers' general practice service utilisation and morbidity patterns', *Irish Medical Journal*, 100:5 (2007), 461-4.
15. Amnesty International Irish Section. *Mental Health Lobbying Network: Background Note on Mental Health and Asylum Seekers/Refugees*. June 2008.



16. Health Service Executive. *National Intercultural Health Strategy 2007-2012*. Republic of Ireland.
17. A child's right to Irish citizenship is now dependent on at least one of his/her parents fulfilling particular criteria. For more information, please see: Children's Rights Alliance. *All Our Children: Child Impact Assessment for Irish Children of Migrant Parents*. CADIC Coalition, 2006.
18. Reception and Integration Agency. *Child Protection Policy for Accommodation Centres*. October 2005.
19. Reception and Integration Agency. *Direct Provision Reception and Accommodation Centre's Services, House Rules and Procedures: Information Booklet for Residents and Staff*. July 2007.
20. It was acknowledged by the women in the focus group that there were other ways in which this could have occurred, including a participant in the meeting talking to management.
21. Barrett, A. et al. 'The Labour Market Characteristics and Labour Market Impacts of Immigrants in Ireland', *Economic and Social Review*, 37:1 (2006), 1-26.
22. Ruhs, M., updated by Quinn, E. 'Ireland: From Rapid Immigration to Recession', *Economic and Social Research Institute, Dublin; Migration Information Source, Migration Policy Institute*, 2009.
23. Relevant authorities listed in *Direct Provision Reception and Accommodation Centre's Services, House Rules and Procedures: Information Booklet for Residents and Staff* are only in relation to a resident's change of address. A full list of relevant authorities should be listed as points of contact for asylum applicants. The authorities that are listed are the Office of the Refugee Applications Commissioner (ORAC), the Refugee Appeals Tribunal (RAT) and the Repatriation Unit of the Irish Naturalisation and Immigration Service (INIS). All of these authorities are located in Dublin. As asylum seekers are dispersed regionally, a relevant local phone number should be listed. The Garda National Immigration Bureau (GNIB) should be listed as a point of contact, with a confidential phone number to an office, to provide the relevant unit in the resident's locality.

# APPENDIX: SURVEY QUESTIONNAIRE

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## Experiences of Migrant Women Living in Direct Provision in Ireland

1. What are the main issues or problems that you as women face?
2. Do you think that you face any specific issues or problems as migrant women?
3. What would make your situation and the situation of other migrant women you know better?
4. What are your experiences as women of the asylum process, i.e. application, interview, your lawyer, court, etc.? Can you please give examples of experiences (positive and/or negative)?
5. What are your experiences of living in direct provision? Give examples of experiences.
6. What are your experiences of:
  - a. getting information and support when you need it?
  - b. accessing public services? Healthcare? Support services?
7. What are your experiences of migration policies? Does it take migrant women into account? If your answer is no, please explain.
8. (a) Do you feel a sense of protection or security in the community you are living in?  
(b) If your answer is yes or no, please explain.
9. To what extent do you feel you have a voice around making decisions in your life? (As an individual? Within your family? Within your community?)
10. To what extent do you feel you have the opportunity to participate in social/cultural events in order to maintain your culture?
11. What do you feel could be done to improve your and other women's experiences of:
  - a. the asylum process?
  - b. your living conditions?
  - c. your security?
  - d. participation in decision-making?
12. Are there specific goals or work you aspire to achieve in the future?
13. What do you think would support you to achieve these goals?
14. How are your experiences as migrant women different from those of migrant men?

