AkiDwA Submission to the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process

24th February 2020

Established in 2001, AkiDwA is an ethnic minority-led national network of migrant women living in Ireland. The organisation advocates for migrant women's equal rights in Irish society, free of gender or racial stereotyping. In partnership with others, AkiDwA uses a holistic and gender-specific approach to promote migrant women's integration and provides support for access to mainstream services and initiatives. We welcome this opportunity to give input to the Advisory Group on the Provision of Support including Accommodation to Persons in the International Protection Process. In our submission we will be focusing on key issues facing women living in Direct Provision: mental health issues rooted in systemic structures; the risk of domestic violence and gender-based violence in accommodation centres.

Mental Health of Asylum-seeking women

In January 2020, AkiDwA launched our latest research report, *Let's Talk: mental health experiences of migrant women*, focusing on the experiences of mental health and support services of women under the Refugee Resettlement Programme and living in Direct Provision. The results were stark. It provides further evidence of the significant relationship between living in Direct Provision and the deterioration of mental health among migrant women. While experiences of armed conflict, violence, separation from home and country were major risk factors for trauma and mental health issues in the women we spoke with, the research found that the lack of autonomy and dignity of Direct Provision was holding them back from recovery and compounding the stress on their mental wellbeing. Lack of agency and autonomy of the system, rural isolation, lack of privacy and being forced to live in close quarters with many other people all took a toll on the mental wellbeing of research participants. This stress was even more acute in the case of mothers who also have concern for how that environment was impacting their children and families. As one participant living in Direct Provision put it*: "We have a saying around here 'If you can survive Direct Provision, you can survive anything' but it shouldn't be that way."*

In consultations with women in Direct Provision at the end of 2019, another resident said "*This is a holding centre, not a home. It is therefore a lonely place; one cannot establish deep, lasting and trustful relationships as we all don't feel like we are permanent. Therefore, local health services are our only source of solace and a safe space to share your personal issues.*" Many respondents in our Let's Talk research expressed the value they found in their relationship with the GP. While language and cultural beliefs could sometimes stand in the way of residents seeking support for mental illness, for the most part healthcare providers are their lifeline. Our report outlines key ways to strengthen this support including increased funding for specialist trauma-care services to meet demand and to make support available beyond Dublin.

Recommendations:

- ***Provide outreach services in Direct Provision that build trust and ensure regular contact and consistency of support for international protection applicants. These services should follow the model of support services available in Balseskin reception Centre and include: designated primary care social worker, designated psychological and psychotherapy service; general practitioner service; translation service.***
- ***The asylum processing system needs to be more transparent and faster. This is particularly important given the evidence of psychological distress cause by the prolonged waiting for international protection decisions, as highlighted by participants in the Let's Talk study.***
- ***Any alternative accommodation model to Direct Provision needs to place the dignity and autonomy of the individual at the centre of design.***

Domestic Violence and Migrant Women

Migrant women are disproportionately represented in figures of women presenting to frontline domestic and sexual violence services. 19% of new women using Women's Aid One to One Support Services were migrant women. These women face additional barriers to accessing support including language barriers, cultural norms and stigma, knowledge of services, immigration status dependency, lack of staff training, and Habitual Residence Condition. On top of these barriers faced by migrant women in Ireland, women in Direct Provision have extra risk factors and barriers to support. Families living in close quarters, lack of personal independence, lack of effective access to employment and social opportunities strain mental health and heighten tensions within families and put women, children and men at risk. *"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."* - Woman living in Direct Provision.

Recommendation:

- ***Address underlying risk factors and barriers to accessing services. Ensure specialist and long-term support services are available for migrant victims of domestic abuse.***

Vulnerability Assessment

Many women seeking asylum in Ireland have fled dangerous situations in their home countries and have endured physical and emotional hardships in coming to Ireland. Some women have endured trauma in their countries of origin and during their migration journeys. In focus groups with AkiDwA, women who had experienced this trauma said they wished that they had been supported more to recover in Ireland. Some felt that their treatment in Direct Provision and in the asylum system had made their recovery more difficult. Survivors of gender-based violence, sexual assault and trafficking for sexual purposes have heightened needs. Their care and the services provided to them should reflect this heightened vulnerability.

Under the Reception Conditions Directive, a vulnerability assessment must take place for every applicant upon reception in the system, within 30 days of indicating their intention to apply for international protection. A vulnerability assessment would take into account certain characteristics of the applicant including: disabilities or illnesses, including mental illness; pregnancy; being underage or elderly; being a single parent; being a victim of human trafficking; and importantly, whether they have been subjected to torture, rape, or other forms of serious psychological, physical or sexual violence. A vulnerability assessment would inform how a person will be accommodated and determine extra, specialist support they require to ensure their physical and mental health, and prevention of further trauma. Further, the Istanbul Convention requires that States party to the convention develop gender-sensitive reception procedures and support services. It is our recommendation that experience of sexual and gender based violence be considered under the vulnerability assessment and offered accommodation suited to her needs and recovery.

Recommendation:

- ***Introduce vulnerability assessments for all applicants, including assessment of mental health. Use this vulnerability assessment to deliver targeted mental health support to applicants, ensuring all supports are trauma-informed and gender-sensitive.***
- ***In planning for the provision of accommodation space, consider the need for female-only housing giving priority to those with heightened vulnerability.***
- ***RIA needs to be proactive in preventing violence from happening, including minimum numbers of female staff in centres, gender and cultural training for staff and security provisions in centres.***