



## **Submission to United Nations Committee on the Elimination of all forms of Racial Discrimination, on the examination of Ireland on its combined 5th to 9th reports**

**AkiDWA, African and migrant women's network**

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## Reporting Organisation

Established in 2001, Akina Dada wa Africa (AkiDwa), Swahili for sisterhood, is a network of African and other migrant women living in Ireland, aiming to promote equality and justice. The organization was established by a group of African women to address isolation, racism, and Gender-Based Violence that the women were experiencing at the time. AkiDwa's vision is of a just society where there is equal opportunity and equal access to rights and entitlements in all aspects of society: social, cultural, economic, civic and political. AkiDwa promotes the equality of migrant women in Irish society, free of gender and racial stereotyping through application of a holistic approach to integration, promoting a migrant and gender-specific approach to public services as well as encouraging migrant women's access to mainstream services and initiatives. The organisation employs three key strategies to achieve its objectives, networking, policy and research work and capacity building. AkiDwa develops migrant women's capacity for participation and representation in their communities and in decision making structures through training, consultation, focus groups, information provision.

[www.akidwa.ie](http://www.akidwa.ie)

## **Key recommendations for the Committee to consider**

### *Gender Based Violence Articles 2(2), 4(a), 5(b)*

1. The State should take leadership in fighting female genital mutilation, adopting a National Action Plan on FGM to coordinate a response to this human rights abuse. Implementation should be led by an interdepartmental working group to coordinate national efforts, in partnership with civil society, survivors and affected communities.
2. Place the ‘Victims of Domestic Violence Immigration Guidelines’ on statutory footing, protecting the rights of dependent spouses.

### *Employment (Articles 5(e)(i), 5(e)(iv))*

3. Adopt a proactive policy to increase the awareness of the Employment Equality and Equal Status Acts. The equality legislation should provide for class action as well as individual redress for discrimination while trying to access employment.
4. The State should take steps to reduce barriers to the labour market which are more acutely felt by migrant and ethnic minority women.
5. Reform of childcare supports for women entering the workplace.
6. Structured and increased recognition of foreign qualifications, allowing women to use the skills they have already developed.

### *Access to Healthcare (Article 5(e)(iv))*

7. Adopt a proactive approach to inform migrant and minority populations of healthcare services available and how to access them. Translation and interpretation services should be more widely available, especially in primary healthcare settings.
8. All front line and healthcare professionals should be trained in gender and cultural sensitivity and must deliver culturally appropriate care.
9. The State should establish specialist trauma care for those who have experienced trauma, conflict and sexual and gender-based violence. Services are currently limited and there is a disproportionate need among asylum seekers which is not being met.

*International Protection Applications (Articles 2, 5)*

10. The State should provide resourcing to IPO earmarked to address backlog in international protection claims. Set clear timeframes to complete individual applications.
11. Ensure that interviewers are culturally sensitive and aware of the diverse backgrounds of the applicants, including consideration for different education levels or experience with trauma.
12. Consider the use of audio recording in interviews both to review facts and conduct of interviews after the fact.

*Living conditions of asylum seekers (Articles 2, 5)*

13. Direct Provision should be given a statutory footing, and a time limit of six months be set to living in Direct Provision while awaiting a decision, after which the applicant should be given access to social welfare payments and labour market access to allow them to live independently.
14. Introduce vulnerability assessments for everyone seeking international protection. Use this vulnerability assessment to deliver targeted trauma-informed and gender-sensitive support to applicants.
15. Any woman disclosing experiences of violence should be accommodated in an environment suited to her needs and recovery. The Reception and Integration Agency should consider the need for female-only housing, minimum numbers of female staff in centres, gender and cultural training for staff and security provisions in centres.
16. Address underlying risk factors and barriers to accessing services. Ensure specialist and long-term support services are available for migrant victims of domestic abuse.
17. Increase safeguarding and oversight in Direct Provision Centres. Increase opportunities for women to come forward and speak about their experiences.
18. In reassessing models for accommodation, place the dignity, privacy and the independence of the individual at the centre of design. Appropriately private rooms, with independent cooking and washing facilities should be provided.

*Access to labour market for asylum seekers (Articles 5(e)(i), 5(e)(iv))*

19. Expand the eligibility for work permits to allow more applicants the right to work.

20. Remove barriers to work including

- Avoid rural isolation in future accommodation locations.
- Improve transport links for residents.
- Allow applicants to hold a driver's licence.
- Address banking institution refusal to serve applicants for international protection.
- Educate employers and the public on work permits.
- Improve availability of childcare to parents in Direct Provision.

*Legal protection from racist crimes (Articles 2, 4, 5, 7)*

21. The State should introduce hate crime legislation as soon as possible. Hate and racially motivated crimes must be recorded and prosecuted and data collected.
22. That hate and racial motivation be an aggravating factor in sentencing for any crime.
23. All Gardaí require training on cultural competence and racial sensitivity to ensure that victims feel safe to come forward and when they do they are taken seriously.

*People of African Descent*

24. The State should adopt a National Action Plan on Racism, following consultation with people of African descent.
25. The State should develop a Programme of Action and to launch the International Decade for People of African Descent.
26. The State should take more concrete actions of promotion and support of people of African descent during the international decade and beyond.

## Rights of Women and Girls

Bearing in mind general recommendation No. 25 (2000) on gender-related dimensions of racial discrimination, women and girls face particular and multiple challenges in their experience of racism and discrimination. In April 2016, there were 535,475 non-Irish nationals living in Ireland with 50.1% of them being women, a first-time female majority. Racism and its impact on the lives of migrants in Ireland is a matter of critical concern. Often, as the primary carers of their families, they struggle with the racism that affects them as individuals and their families as a whole. It is especially the case for mothers that they are confronted with racism in every sphere of life - public spaces, their children's schools, their neighbourhood. Women have also reported to AkiDwA on their experience of racism and discrimination while trying to access services and support and at public and social places which include verbal abuse in public transport, in addition to sexual harassment. Migrant women are largely excluded from national planning processes in Ireland and, while they are making huge efforts, their organizations and groups tend to be marginalized and grossly under-funded. To create a more equal and socially-inclusive Ireland, racism must be addressed both at the individual and institutional level and by engaging and including the experiences and voices of migrant women. Attempting to address racism only at the level of the individual, as is the most common response, fails to recognise the structural nature of this phenomenon. Our submission will take a gendered perspective to the rights enshrined in UNCERD and all the associated obligations on the State.

## Gender Based Violence Articles 2(2), 4(a), 5(b)

### Female Genital Mutilation

In 2019 AkiDwA estimated the prevalence of women who have undergone FGM living in Ireland to be 5,795.1 According to EIGE,<sup>2</sup> almost 6,000 girls born in Ireland or originating from FGM-affected countries under the age of 15 and living in Ireland are at risk of female genital mutilation. Since 2012, and since the last recommendations of the Committee, Ireland has passed the Criminal Law (Female Genital Mutilation) Act 2012. It is now a criminal offence to perform

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<sup>1</sup> AkiDwA (2019) *Female Genital Mutilation and the Law in Ireland*. Prevalence estimated by synthesizing Central Statistics Office data from 2016 with UNICEF and WHO global prevalence figures from 2016.

<sup>2</sup> EIGE (2105) Estimation of girls at risk of female genital mutilation in the European Union

or procure FGM on a girl. Further, the Act applies extraterritoriality to the offences so it is an offence to remove a girl from the State for the purpose of performing or procuring FGM. While AkiDwA welcomes this progress, there have been no prosecutions under this law and there is much more to be done beyond criminal response, in order to support the 5,795 women living with FGM and the girls who are still at risk of suffering the same.

Efforts to support women and girls and to prevent further FGM are currently led by civil society, namely the National Steering Committee on Female Genital Mutilation. This includes a mix of healthcare providers and advocacy, development and community organisations. Together the national steering committee developed a detailed plan to prevent the practice of FGM in Ireland, to provide high quality, specialised healthcare and support for women and girls who have undergone FGM and to contribute to the worldwide campaign to end FGM.

**Recommendation: The government should take leadership in combatting female genital mutilation, adopting a National Action Plan on FGM to coordinate a response to this human rights abuse. Implementation should be led by an interdepartmental working group to coordinate national efforts, in partnership with civil society, survivors and affected communities.**

### Domestic Violence

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.<sup>3</sup> 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, access to social welfare and the Habitual Residence Condition.

Following on recommendation 15 of the Concluding Recommendations of the Committee in 2011<sup>4</sup>, it was recommended that ‘the right of migrant women in abusive relationships to legal protection by providing them with separate residence permits’. AkiDwA welcomes the progress made in this regard, that the State has a policy which allows for women in abusive relationships

<sup>3</sup> Women’s Aid Impact Report 2018 (2019) <https://www.womensaid.ie/about/policy/natintstats.html#X-2012091712434612>

<sup>4</sup> CERD/C/IRL/CO/3-4

to apply for legal residence status independent of their abuser.<sup>5</sup> However, these guidelines are at Ministerial discretion and are not on statutory footing. We would encourage the Minister of Justice to introduce a more formal legislative scheme to provide protection to migrant women in this situation.

Further, there are non-legal barriers which the State is obliged to address and which currently result in migrant and ethnic minority women presenting in disproportionate numbers to domestic violence services, compared to indigenous population. The Habitual Residence Condition, lack of funds, lack of familial support, the extra abuse of a partner stealing important immigration documentation. Following guidelines under the Istanbul Convention, Ireland is short over 300 refuge beds for victims of domestic violence<sup>6</sup>. However, the State is not providing the funds for this problem. It is further compounded by Ireland's housing crisis which also disproportionately affects migrants living in Ireland.

**Recommendation: Place the ‘Victims of Domestic Violence Immigration Guidelines’ on statutory footing, protecting the rights of dependent spouses.**

### **Employment (Articles 5(e)(i), 5(e)(iv))**

AkiDwA 2017 research on migrant women and access to employment shows that while migrant women have higher levels of education than the general Irish population, they are generally living at the margin of society, struggling with unemployment, and those who find work are mainly working in precarious jobs and sectors such as home healthcare. In research by AkiDwA, 57% of respondents found that their jobs didn't match their skills. Similarly, both Black non-Irish and Black Irish employees are much less likely than their White Irish counterparts to hold managerial/professional positions. Black non-Irish are five times as likely to face discrimination seeking work as their White Irish counterparts.<sup>7</sup>

In Ireland, the proportion of men of African descent who have completed tertiary education is higher than the general population – 46% of those surveyed vs 34% of the average. However, Ireland has one of the lowest paid work rates of people of African descent of working age – only

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<sup>5</sup> INIS (2012) Victims of Domestic Violence Immigration Guidelines

<sup>6</sup> NWCI criticises Tusla for failure to comply with Istanbul Convention requirements on refuge spaces  
[https://www.nwci.ie/learn/article/nwci\\_criticises\\_tuslas\\_refusal\\_to\\_comply\\_with\\_istanbul\\_convention\\_requireme](https://www.nwci.ie/learn/article/nwci_criticises_tuslas_refusal_to_comply_with_istanbul_convention_requireme)

<sup>7</sup> McGinnity et al (2018) Ethnicity and Nationality in the Irish Labour Market, IHREC/ESRI

48% in employment. Further, men have better employment rates than women. Women tend to experience discrimination when looking for work more often than men.<sup>8</sup>

Migrant women have been hindered from accessing employment because of racism. In 2018, 48% of complaints taken to the Workplace Relations Commission under the Equality Acts were because of racial discrimination. Non-Irish nationals are three times more likely to experience discrimination while looking for work, while Black people are seven times more likely to experience such discrimination. Further, people of African descent still face the highest levels of workplace discrimination including harassment and unfair treatment. Black Irish and Black non-Irish both face up to 3.4 times more discrimination in the workplace compared to White Irish.<sup>9</sup> Young migrant women of AkiDwA also have expressed concern and struggle with isolation, lack of opportunities and daily discrimination which they face. The majority continues to suffer with their identity, they find it extremely challenging to access employment. The report ‘Who Experiences Discrimination in Ireland?’ found that women face much more discrimination in the workplace than men<sup>10</sup>. This leaves migrant and minority ethnic women especially vulnerable to discrimination at their place of work.<sup>11</sup>

In our work, we find that the barriers which women of African descent face include lack of recognition of their qualifications from abroad, lack of work experience in Ireland, lack of childcare, and multiple discriminations based on race, gender and religion.

### **Recommendations:**

- a. A proactive policy should be adopted to increase the awareness of the Employment Equality and Equal Status Acts. The equality legislation should provide for class action as well as individual redress for discrimination while trying to access employment.**
- b. The State should take steps to reduce barriers to the labour market which are more acutely felt by migrant and ethnic minority women.**
- c. Reform of childcare supports for women entering the workplace.**

<sup>8</sup> Second European Union Minorities and Discrimination Survey: Being Black in the EU (2018) [https://fra.europa.eu/sites/default/files/fra\\_uploads/fra-2018-being-black-in-the-eu\\_en.pdf](https://fra.europa.eu/sites/default/files/fra_uploads/fra-2018-being-black-in-the-eu_en.pdf)

<sup>9</sup> McGinnity et al (2018) Ethnicity and Nationality in the Irish Labour Market, IHREC/ESRI

<sup>10</sup> McGinnity et al (2017) Who Experiences Discrimination in Ireland? Evidence from the QNHS Equality Modules, IHREC/ESRI

<sup>11</sup> McGinnity et al (2018) Ethnicity and Nationality in the Irish Labour Market, IHREC/ESRI

- d. Structured and increased recognition of foreign qualifications, allowing women to use the skills they have already developed.**

### **Access to Healthcare (Article 5(e)(iv))**

Unequal treatment in accessing public services has a direct bearing on the lived experiences and social status of any individual or groups. While most frontline and service providers aim to deliver services without prejudice, direct experiences of racism are a reality for many migrant women. This according to AkiDwA members can take many different forms, such as the manner and tone used by officials, prejudiced behaviour and sometimes being denied services. In 2017 AkiDwA undertook research on migrant women and healthcare. The research found that there are gendered barriers as well as barriers to migrant women when accessing healthcare services, and that migrant women as a group have specific needs within the healthcare system which are currently not being met. This fact was reiterated by focus group findings held with migrant women as part of the research. According to the research women born outside of Ireland make up to 39% of maternal deaths.

Many migrant women struggle to access information about medical services in Ireland; as a result, many do not know where or how to receive medical treatment or access to Irish health system. For example, the Irish health system can be different from what majority of the migrant women would have been used to in their countries of origin and many are confused between the role of the general practitioner doctor and the hospital. This generally creates a lower uptake of services among migrant women, and they are more likely to treat themselves and their families with over the counter medicine. As a result, migrant women are not seeking or receiving adequate treatment when necessary.

Black women have higher rates of maternal mortality than white women. Ireland's MDE 2016 found that 32% of maternal deaths occurred in women born outside of Ireland, a group which represents 23.4% of all maternities in Ireland.<sup>12</sup> The MMBRACE UK report places this figure at

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<sup>12</sup> MDE (2017) Confidential Maternal Death Enquiry in Ireland: Report for 2013-2015  
<https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/Confidential-Maternal-Death-Enquiry-Report-2013---2015--Web.pdf>

40 maternal deaths per 100,000 for black women compared with 8 maternal deaths per 100,000 for white women.<sup>13</sup>

Within the healthcare system itself, there is a lack of culturally competent services and health service providers are not aware of culturally sensitive issues. Many of the women feel there is lack of understanding of their cultural background and country of origin from the healthcare providers, resulting in misunderstandings, negative perceptions and stereotypes, which then in turn hinder equality and integration.

There are further health issues facing refugee women and those in Direct Provision centres. As many as 80% of refugee women suffer from mental health issues as a result of fleeing from strife and the strenuous asylum process, the majority are struggling with trauma. These women need psycho-social support in order to cope and advance in life.

Training on cultural competence should be delivered to all front line and healthcare professionals in order to provide culturally appropriate services to migrant women. This includes developing strategies of dealing with culturally sensitive health related issues that are viewed to be stigmatizing, such as mental health. Extra cautions should be taken, in particular the approach and the way healthcare professionals and front-line services engage and deal with complex or gender specific issues that pertain to women from armed conflict struggling with trauma or FGM. They must deliver services with understanding of the impact of gender specific harm on women.

### **Recommendations:**

- a. Adopt a proactive approach to inform migrant and minority populations of healthcare services available and how to access them. Translation and interpretation services should be more widely available, especially in primary healthcare settings.**
- b. All front line and healthcare professionals should be trained in gender and cultural sensitivity and must deliver culturally appropriate care.**

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<sup>13</sup> MBRRACE-UK (2018) Mothers and Babies Reducing Risk through Audits and Confidential Enquiries across the UK. <https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20%20Infographic%20v1.0.pdf>

- c. **The State should establish specialist trauma care for those who have experienced trauma, conflict and sexual and gender-based violence. Services are currently limited and there is a disproportionate need among asylum seekers which is not being met.**

## International Protection Applications (Articles 2, 5)

### Delays in application process

Long delays in the application process, without any indication of a decision date cause demoralisation and trap people in a system without any sight of a way out. When people are placed in ‘temporary accommodation’ for months and years on end, lives are put on hold, without the possibility of truly putting down roots and integrating in society. While the right to work has improved the situation for some residents, continued delays and backlog in the processing of applications continue to cast a shadow on the lives of those awaiting a decision.

*“At least as a prisoner you know when you are getting out – not when you are an asylum seeker.”<sup>14</sup>*

By the end of 2018, 6,252 applicants for international protection were living in Direct Provision.<sup>15</sup> The average length of time spent in Direct Provision was 24 months at the end of 2018, up from 2017 figures.<sup>16</sup> In some cases it has been reported that people have stayed for more than 10 years.

**Recommendation: The State should provide resourcing to IPO earmarked to address backlog in international protection claims. Set clear timeframes to complete individual applications: first interview within 6 months, final decision within one year.**

### Conduct of interviews

An interview to discuss an applicant's case can be an intense procedure, and once the transcript is signed at the interview, there is no verification or chance to review later. Traumatic details are

<sup>14</sup> AkiDwA (2009) Am Only Saying It Now, p.12

<sup>15</sup> INIS Immigration Annual Report 2018. More than 700 had already been granted some form of status, but they continued to live in State-provided accommodation while they looked for private accommodation. Another 226 people had deportation orders requiring that they leave the State.

<sup>16</sup> Parliamentary Question to Minister for Justice Charlie Flanagan, Information on waiting times and IPO targets, 7<sup>th</sup> March 2019, Oireachtas Reports <http://justice.ie/en/JELR/Pages/PQ-07-03-2019-111>

recounted, in interviews lasting a full day in some instances. A translator could be present, and a lot of trust is put in them to relate the conversations fully and accurately. Some women we surveyed said they were not sure that their interpreters were exact in their translation. Having an audio recording of the proceedings allows for reflection on the events at a later stage. This was recommended in the McMahon report but has not yet been Implemented.

Women we spoke with have felt that they were treated unfairly during the interview process. Women were sometimes rushed through their application process, feeling that some of the officials with whom they dealt were just going through the motions and dealing with them in a perfunctory manner. Some women reported bias or open hostility from the interviewer reviewing their case.

*“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.” - Applicant for international protection<sup>17</sup>*

The process should not be adversarial or make the applicant feel like they are in a criminal trial. It is a discussion to find facts for their case. Recounting these facts may be extremely distressing or traumatic and all IPO staff should be sensitive to this.

### **Recommendations:**

- **It is of vital importance that interviewers are culturally sensitive and are aware of the diverse backgrounds of the applicants they speak with including consideration for different education levels or experience with trauma.**
- **Consider the use of audio recording in interviews both to review facts and conduct of interviews after the fact.**

## **Living Conditions of Asylum Seekers (Articles 2, 5)**

In 2019, AkiDwA has conducted outreach and visited Direct Provision accommodation centres across the country, delivering training to women, holding focus group discussions and talking to women in weekly clinics. What women report to us is the difficulty for them continuing to live in Direct Provision despite improvements in standards to the system.

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<sup>17</sup> AkiDwA (2009) Am Only Saying It Now, p. 20

Direct Provision is a model of accommodation which interferes with family and private life and the autonomy and dignity of a person. Notwithstanding the provisions of ICERD which allow for differences in legal entitlements between citizens and non-citizens of the State, the Direct Provision system is not run in a way which allows the State to meet its international human rights obligations under ICERD, ICCPR, ICESCR, other UN Treaty bodies and regional instruments such as the ECHR and the Istanbul Convention. In the current system, the State discharges its duty of care to private contractors. The State has made efforts in recent years to increase safeguards and raise standards. However, the State has not implemented fully the recommendations of the McMahon Working Group on Increasing standards in Direct Provision Accommodation<sup>18</sup>. As we will outline below, the system of Direct Provision removes independence and autonomy from residents which interferes with their family life and freedom to raise their children in the way they would like. The system does not provide adequate accommodation for victims of trauma and sexual violence and even increases vulnerability to domestic violence and impunity of its perpetrators. Between the increase in the number of applications for international protection and the current housing crisis in Ireland, abolition of the Direct Provision system is not realistic in the short term. However, the State needs to take steps to improve the living conditions for residents and to limit as far as possible the time spent in Direct Provision.

**Recommendation: Direct Provision should be given a statutory footing, and that a time limit of six months be set to living in Direct Provision while awaiting a decision, after which the applicant should be given access to social welfare payments and labour market access to allow them to live independently.**

### Vulnerability and Trauma

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

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<sup>18</sup> ‘Working Group to report to Government on improvements to the protection process, including Direct Provision and supports to asylum seekers’. Report to Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, Dublin: Department of Justice and Equality

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 EU Recast 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.<sup>19</sup> A vulnerability assessment would take into account certain characteristics of the applicant which could make them more vulnerable while going through the process of application and State-sponsored accommodation 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.<sup>20</sup> 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.<sup>21</sup> This needs to be implemented fully and uniformly as soon as possible and must be trauma-informed and include a gender perspective on vulnerability and the needs that will go along with that.

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<sup>19</sup> Directive 2013/33/EU of the European Parliament and Council of 26 June 2013 laying down standards for the reception of applicants for international protection (recast) <https://eur-lex.europa.eu/legalcontent/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN>

<sup>20</sup> Article 21 Reception Conditions Directive.

<sup>21</sup> Council of Europe Convention on preventing and combatting violence against women and domestic violence CETS No. 210 (“Istanbul Convention”) <https://www.coe.int/en/web/conventions/full-list/-/conventions/rms/090000168008482e>

Article 12(3) “Any measures taken pursuant to this chapter shall take into account and address the specific needs of persons made vulnerable by particular circumstances and shall place the human rights of all victims at their centre.”

Article 60(3) “Parties shall take the necessary legislative or other measures to develop gender-sensitive reception procedures and support services for asylum-seekers as well as gender guidelines and gender sensitive asylum procedures, including refugee status determination and application for international protection.”

**Recommendation: Introduce vulnerability assessments for everyone seeking international protection. Use this vulnerability assessment to deliver targeted trauma-informed and gender-sensitive support to applicants.**

### Violence and harassment

In another AkiDwA survey, some participants recounted stories of women suffering posttraumatic stress from torture, abuse and sexual violence in their countries of origin finding themselves living in intimidating situations in accommodations centres in Ireland.<sup>22</sup> Standards and attitudes in accommodation centres across the country can vary. In some centres women report hostility, harassment and misogyny in their daily lives. Women reported attempts to push them into prostitution and being propositioned by staff, residents and neighbours from the local town. There have been consistent reports of women, children and men being offered money for sex by people who know the poverty they live in. This can have serious consequences for mental and emotional health and a feeling of safety in Ireland.

*“For these women, living in an environment that is full of strangers, and real and perceived danger, can re-traumatise them.” - Survey participant<sup>23</sup>*

Even in better environments of different centres, for some women who have experienced violence, abuse, coercion and exploitation by men, it takes time to recover trust in men.

*“Women from forced prostitution, they often don’t know how to deal with men in any other way and are more vulnerable, they don’t know how to turn it off. It takes several months to deactivate that in a woman, so she doesn’t see a man as a punter.”<sup>24</sup>*

The placement of survivors of abuse in accommodation centres with men, is sometimes inappropriate and damaging. There is currently only one female-only accommodation centre. We ask that when planning accommodation units, the Reception and Integration Agency consider the need for gender-sensitive accommodation, which means the availability of female-only spaces for vulnerable women recovering from trauma, giving priority to those with heightened vulnerability and support requirements. Gender sensitive accommodation also means female-

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<sup>22</sup> AkiDwA (2012) No Place to Call Home

<sup>23</sup> AkiDwA (2012) No Place to Call Home, p.8

<sup>24</sup> AkiDwA (2012) No Place to Call Home, p.8

only staff who are trained to run the centres in a culturally sensitive manner and the access and availability of counselling and health services to aid women in their recovery.

**Recommendation: Any woman disclosing experiences of violence should be accommodated in an environment suited to her needs and recovery. The Reception and Integration Agency should consider the need for female-only housing, minimum numbers of female staff in centres, gender and cultural training for staff and security provisions in centres.**

### Domestic Violence

In conducting our outreach and focus group discussions with women living in Direct Provision, we learned about the increased vulnerability women in the centres face to domestic violence and the effects it has on them and their families. 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<sup>25</sup>*

Participants stated that the men have power and independence taken away from them by the system, and they attempt to reassert their power on their wives by controlling where they go or who they see. Sometimes violence is their coping mechanism.

The forms of violence that take place in the Direct Provision centres is physical and verbal. It can also be nuanced with a lot of control on a woman’s movements, who she can talk to and associate with, which functions she can attend and again, with whom. Failure to meet these demands on their independence means women are met with physical and verbal violence

Residents we spoke to were aware of women who were beaten by their partner and they don’t report them to centre authorities. In another centre, an applicant said she witnessed a woman being physically beaten and verbally abused but never spoke up about it.

Women are afraid to report violence which happens to them because of how it might affect their application, or how it would affect how they are perceived socially. Their reputations are

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<sup>25</sup> AkiDwA (2009) Am Only Saying It Now, p.13

wrapped up in more cultural norms and barriers than indigenous Irish population and domestic violence responses are not always catered to these complex dynamics and cultures.

**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.**
- **Increase safeguarding and oversight in Direct Provision Centres. Increase opportunities for women to come forward and speak about their experiences. Awareness of rights and how reporting will (or will not) affect their asylum application.**

**Privacy in accommodation**

A majority of women surveyed by AkiDwA<sup>26</sup> expressed concerns about the lack of privacy in accommodation centres. Living in close quarters with complete strangers, and the freedom of management to enter a room unannounced whenever they deem necessary leaves the residents of accommodation centres with compromised privacy. Being forced by necessity to share intimate daily routines with strangers does not respect the dignity of residents. Lack of privacy and independence weighs heavily on the women in Direct Provision and their mental health suffers as a result.

The conditions of the system make it incredibly difficult for women to parent their children in the way they want to raise them. Many factors of the child's upbringing are taken out of their control and this makes it difficult for women to care for and discipline their children. This includes when, what or if they cook for their children. Further, parents may try to set house rules for children but when centre management can overrule them or contradict it is difficult to maintain authority with their children.

For those who have suffered trauma, or who have escaped abuse and surveillance, this way of living does little to help in recovery and healing. Regaining independence and control over your life and routine is an important part of recovery from domestic, sexual or gender-based violence. Some women AkiDwA surveyed felt like they were being 'treated like criminals' with little

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<sup>26</sup> AkiDwA (2009) Am Only Saying It Now, p.18

freedom or control over their day to day living, sometimes for years. One woman said that asylum seekers in Ireland were ‘always told what to do and when to do it’.

**Recommendation: In reassessing models for accommodation, place the dignity, privacy and the independence of the individual at the centre of design. Appropriately private rooms, with independent cooking and washing facilities should be provided.**

## **Access to labour market for asylum seekers (Articles 5(e)(i), 5(e)(iv))**

### **Legal Right to Work**

The introduction of the right to work for some international protection applicants has been a very positive step and we are already seeing reports of increased morale, and confidence and independence among those who have found work. The Department should build on this success and consider expanding the criteria to allow more people to access their right to work, in particular for long-term residents of Direct Provision who have been in the application process for many years. The Department should also work on reducing barriers to ensure that a legal right to work becomes an effective right to work. New arrivals in Ireland come here with a willingness to work and participate in Irish society and economy, bringing with them skills for all sectors of the market.

*“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.” - Woman living in Direct Provision<sup>27</sup>*

Exclusion from the labour market has many long-lasting consequences on a person and society. Long-term unemployment has an effect on employability, has negative impacts on mental health, and lack of financial independence takes a toll on self-confidence and self-worth. When applicants for international protection are not allowed to work and are faced with enforced idleness and isolation, their self-confidence suffers. The women we spoke to want the opportunity 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.

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<sup>27</sup> AkiDwA (2009) Am Only Saying It Now, p.22

*“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.” - Respondent living in Direct Provision.*<sup>28</sup>

**Recommendation: Expand the eligibility for work permits to allow more applicants the right to work, i.e. new applicants who have been waiting less than nine months and long-term residents who are still going through applications and appeals. Extend the time limit on work permit from 6 months to 12 months.**

### Barriers to work

Even with a legal right to work, residents of accommodation centres face barriers to accessing work including rural isolation and irregular transport links, ineligibility for driver’s licenses, problems in accessing bank accounts, childcare and discrimination.

- Rural isolation: Location and access to cities and towns is a problem that many face. Access to public transport or centre shuttles is irregular and varies between different centres. If someone with the right to work is placed in a remote location, with one or two shuttle services a day, even getting to a job interview is difficult, let alone a fulltime job. International protection applicants are not allowed to drive. There are many more who could achieve better employment if they had the freedom to travel as and when their employment requires. Give asylum seekers the right to drive alongside the right to work.
- Access to bank accounts: This is a problem that we see many of our members face. Either the address, or the identity documents are refused by some banks, or the clients are seen as high-risk and they are turned away. Employers will not pay wages in cash so those without a bank account are shut out from paid employment. There needs to be clear guidelines issued to banks to address the issue of providing services. Discrimination in this regard based on living in direct provision should not be allowed in practice or in law.
- Childcare: Women gain support with childcare informally, by relying on partners and fellow residents to look after children when they need to go to work, or volunteer, or access services. In more isolated areas, and where there are less community ties, this is not an option. The absence of childcare available to primary carers poses an obstacle to seeking work and financial independence.

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<sup>28</sup> AkiDwA (2009) Am Only Saying It Now

- Further difficulties of migrant women seeking work in Ireland: An AkiDwA study found that black African women face difficulties in accessing the labour market including the barriers of multiple discrimination (gender, race and religion), lack of work experience or references in Ireland, lack of recognition of overseas professional qualifications.<sup>12</sup>
- Where employers are unfamiliar with the rules surrounding the right to work of asylum seekers or the documentation they have available, they are less likely to making a positive hiring decision. There needs to be better public awareness and education for potential employers to ensure that lack of knowledge does not keep international protection applicants out of the labour market.

### **Recommendation: Remove barriers to work including**

- **Avoid rural isolation in future accommodation locations.**
- **Improve transport links for residents.**
- **Allow applicants to hold a driver's licence.**
- **Address banking institution refusal to serve applicants for international protection.**
- **Educate employers and the public on work permits.**
- **Improve availability of childcare to parents in Direct Provision.**

### **Legal protection from racist crimes (Articles 2, 4, 5, 7)**

Acts of racism and unlawful racial discrimination, including incitement of racial hatred and racist attacks are serious violations of human rights and should be combated by all lawful means. There is a need for Ireland to have legislation on racist crimes, to show that it would be sufficient to prosecute effectively and adequately racist type violence. Ireland should develop legislative framework. This process should clearly define racism as a crime and ensure that the racially-aggravated dimensions of crimes committed are considered in sentencing, the government should ensure that the motivation behind the crime is important, not the characteristics of the victim, i.e. if the perpetrator thought that person belonged to a protected group, whether that person did or not should not matter.

AkiDwA welcomes the Government's recent announcement of a consultation on hate crime and incitement to hatred.<sup>29</sup> Efforts are also needed to improve reporting of racially motivated crimes. The State could establish a 'national racist reporting and monitoring' system that is independent of the Gardaí, and that enables reporting of racist incidents other than those currently defined as crimes. It is particularly important that this system is widely advertised, and data analysed and disseminated on a regular basis.

### **Recommendations:**

- a. The State introduces hate crime legislation as soon as possible. Hate and racially motivated crimes must be recorded and prosecuted and data collected.**
- b. That hate and racial motivation be an aggravating factor in sentencing for any crime.**
- c. All Gardaí require training on cultural competence and racial sensitivity to ensure that victims feel safe to come forward and when they do they are taken seriously.**

## **People of African Descent**

A study focusing on people of African descent shows that Ireland has one of the highest rates of racism in the workplace within the EU. A Europe-wide report of September 2019 shows Ireland's rate for workplace racism is 33%, compared to an EU average of 22%<sup>30</sup>. Even though a highly educated group, people of African descent still face significant barriers to accessing employment. The 2018 monitoring report on integration reports that the employment rate of Africans is 45% compared to average of 70% for other minority nationality groups. The employment of African women is 38%, 17% below the average female employment rate in Ireland<sup>31</sup>. In healthcare, people of African descent experience more difficulty in accessing appropriate services and worse health outcomes. For example, women of African descent are more likely to suffer maternal deaths and complications in childbirth.

This discrimination is not just felt by new arrivals in Ireland but settled migrants and second generation too. Ireland has a Migrant Integration Strategy (2017-2020) with key actions for

<sup>29</sup> Statement by Minister Flanagan on hate crime legislation <http://www.justice.ie/en/JELR/Pages/SP18000222>

<sup>30</sup> FRA (2018) Second European Union Minorities and Discrimination Survey *Being Black in the EU*

<sup>31</sup> F. McGinnity, É. Fahey, E. Quinn, S. Arnold, B. Maître and P. O'Connell (2018), *Monitoring Report on Integration 2018*

government departments and public policy however there is a lack of explicit mention of people of African descent and strategies to promote their success in society. There is still a lot of work to be done to ensure that people of African descent are treated fairly and experience the same opportunities of Irish public life than the rest of the population. For example, the government has been slow to take action on the International Decade of People of African Descent<sup>32</sup>, and taking the goals of the resolution and applying them to Irish policy. The first public consultation on the decade took place in March 2019 and there is no plan currently in place. Further, the government has no National Action Plan on Racism since 2008, and no coordinated approach to addressing the discrimination faced by people of African descent across society. The plan should include concerted efforts to tackle not just negative attitudes towards people of African descent, but strategies for active promotion of this community in employment, housing, healthcare, political life, education, cultural and all areas of life.

### **Recommendations**

- a. That the State adopt a National Action Plan on Racism, following consultation with people of African descent.**
- b. That the State develop a Programme of Action and to launch the International Decade for People of African Descent.**
- c. That the State take more concrete actions of promotion and support of people of African descent during the international decade and beyond.**

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<sup>32</sup> 'Proclamation of the International Decade for People of African Descent', Resolution adopted by the General Assembly on 23 December 2013 A/RES/68/237