

Our submission highlights the manner in which residents, and in particular, women living in Direct Provision Centres (DP), are systematically prevented from participation in decision-making, face ongoing exposure to violence, and are prevented from developing normalized relationships with their children, partners and the broader community. The paltry allowance that they receive hinders any normality in their lives, they are effectively prevented from accessing any route to personal improvement through education, while not being allowed to work ensures that the State colludes in their complete disempowerment. Most live under the continuous threat of deportation, and have witnessed at first-hand the violent manner that the State conducts such deportations: eye-witness (and photographic) accounts of incidents, such as that of a woman suffering from a post-operative wound, which began bleeding as a consequence of her struggle, being dragged half-dressed from her room to awaiting Garda van, and then to an awaiting aircraft, are not unique.

The barriers that women residents face are ones that accentuate frustration, increase conditions such as anxiety and depression and leave women in situations where they become more vulnerable to violence. They systematically deprive women of the authority to carry out responsibilities for which they are generally responsible and thus, erode self-esteem and confidence.

In the interest of clarity our submission draws attention to these inter-related barriers under the following headings:

- Effects of lack of privacy
- Barriers to forming and practicing family life
- Domestic violence as a particular issue
- Women who have undergone trauma before coming to Ireland
- Care and protection of children made difficult for parents and mothers and problematic nature of overseeing role of institution
- Childcare and Educational Opportunities
- Disempowerment: forcing women to alternative livelihood strategies
  
- LGBTQI+
- Complaints systems

#### **Effects of lack of privacy**

- Living conditions in DP ensure that privacy is effectively absent.

- Whole families, adults and children, often share a single bedroom for years. This significantly impacts on the couples' intimate lives, while also interfering with the development of children.
- People live their lives in public spaces – e.g., in most Centres, all meals are eaten in public spaces.
- DP Centres use security cameras throughout, ensuring that residents are continuously aware that they are being watched. These recordings have been used against residents, and have been given to third parties.
- The Gardaí also insist on having access to any person's room at any time, so even in their bedrooms, they cannot feel any sense of security. Many residents have fled violent situations in their home countries where increased surveillance or the threat of it adds to their trauma and leads to increased anxiety and, in some cases, depression.
- The above contribute to residents' anxiety and insecurity, evidenced by the extremely high levels depression and other mental illness within the DP Community.

### **Barriers to forming and practicing family life**

Women across the globe are particularly associated with and often have key responsibilities for ensuring the emotional and physical wellbeing of their families. Within Direct Provision Centres they face particular barriers in carrying out this work while retaining obligations for it. Spaces allocated to families do not allow for the development of normalised family practices and privacy in family relations: children are commonly sleeping in the same rooms as their parents, there are none or inadequate cooking / storage facilities, and little consideration for privacy in studying and/or leisure. Concurrently, women retain responsibility for the emotional wellbeing of their children and partners, and, due to the conditions in which they live, often bear the burden of not being able to provide conditions in which their families can flourish. This can lead to increased mental and other health issues.

### **Domestic violence as a particular issue**

AkiDWa in their report, *I am only Saying it Now* (2010), were the first organization to draw attention to the manner in which the conditions of Direct Provision accentuated incidents of domestic violence. Here women themselves made a clear association between conditions of living in Direct Provision as sparking domestic abuse. Furthermore, across the country now specialist Centres that support those experiencing domestic and gender-based violence are increasingly seeing people from Direct Provision Centres highlighting the growing need to address this issue. Women asylum seekers face particular issues that make them more vulnerable to domestic abuse: they are more likely than men to apply for asylum as a spouse. In such circumstances should their husband/partner become abusive towards them, this immigration dependency status is a contributory factor in facilitating the abuse and control.

It should be noted that women living in Direct Provision and particularly those who have been raped or experienced any form of sexually based violence, can feel unsafe with both residents and staff who are male. Most of the security staff in these Centres are male. Likewise, women should have the option of seeing female medical and support service staff both within Direct Provision and within the community. Women should not be expected to describe stories of domestic or sexual violence in front of their children or to male interpreters.

Women speak of a 'culture of disbelief' about their experiences of sexual violence. At the very least, training and guidance is needed for all staff within the asylum process, on how to approach decision making and treatment of women who disclose or who show signs of experiences of sexual violence.

### **Women who have undergone trauma before coming to Ireland**

Many residents have suffered trauma in their home countries, where they have been persecuted and subjected to violence, or during their journey to Ireland. Such trauma may, in the case of women or children, be as a result of sexual or other violence, or result from long-term oppression.

No processes are in place to support people in overcoming such trauma. Communication problems, e.g., language or other cultural/gender barriers, are not considered. Even access to GP care can be limited through a lack of access to adequate transport. For Direct Provision residents the consequences of such trauma continue to damage their lives.

### **Care and protection of children made difficult for parents and mothers and problematic nature of overseeing role of institution**

In Direct Provision Centres, the care and protection of children is viewed through an institutional lens. The Centre management have an oversight role that is focused on child protection and which is increasingly overshadowing the role of parents in raising their children. It is evident in documentation on new guidelines on the operation of Centres, that the position of parents *vis-a-vis* management in Centres will be further eroded. Draft guidelines see management as involved in arrangements among residents for childcare, restrictions on play areas and outdoor play, in particular. Such development erodes the care role of parents, and more specifically that of mothers, who are those most closely associated with care, obstructing them from parenting and making care decisions with and for their children. This can have far-reaching effects especially from a cultural perspective where culture is conceived as the set of distinctive patterns of beliefs and behaviours that are shared by a group of people and that serve to regulate their daily living. Culture shapes how parents care for their children and the experience of children with their parents within a cultural context scaffolds them to become culturally competent members of their society. This role should be respected and supported and not replaced or diminished.

Linked to this, women should be provided with adequate interpretation facilities so that their children, some perhaps who are more fluent in English, are not exposed to

hearing/translating difficult experiences of their mothers, which are not appropriate for children to hear.

### **Disempowerment: forcing women to alternative livelihood strategies**

As women usually take on the main caring roles, there are pressures on them to ensure that their families are adequately tended to. Unlike other families in Ireland, who have relatives and friends, mothers in DP have no alternatives to look to for support, as they are prevented from working legally here. In some cases, as was noted recently by the legal representative of a mother whose child died aged 9 in Direct Provision, the State has refused to care for ill children; in this case, the mother undertook sex-work to cover medical costs for her child. The Centres, have also been guilty of refusing care to parents of sick children, as noted in the Knockalisheen case, exerting effectively absolute power over residents' lives, and removing parents control over the family lives.

### **Childcare and Educational Opportunities**

Recently, in a Direct Provision centre in Cork, when residents were invited to participate in a FETAC 3 qualification, the organisers were not allowed run the course at the centre. Furthermore, when the venue was changed to a local community centre, the women could not attend because they had to be present at 11am to attend to their children at the crèche. The course could not go ahead despite the interest of 12 residents. There was no transparency about the decision to not have the course at the centre. Neither the residents nor the organisers knew the criteria on which the decision was based. No reason was given for the decision. There was no appeals process. As a result, 12 people did not have access to a FETAC 3 course which would have offered practical work-related skills.

### **LGBTQI+**

Those who have fled persecution because of their sexual orientation (or who are LGBTQ+) should not have to share rooms with people who may not have been exposed to issues relating to sexual orientation.

All staff working with asylum-seekers at any stage of the asylum process should be trained to identify and tackle homophobia, biphobia and transphobia. This includes staff working in privately contracted firms. There should be clear guidance and training procedures to staff that homophobic, biphobic and transphobic discrimination and abuse are unacceptable.

Research is needed on the specific experiences of LGBTQI+ people in the asylum system, from entry into the country, experiences of Direct Provision, the application, interview and appeals processes.

### **Complaints systems**

It is vital that women, girls and LGBTQI+ people are treated with dignity and respect and their welfare is taken very seriously. A comprehensive, transparent and humane complaints system regarding personal and group security - which is LGBTQI+

and gender audited - should be put in place to ensure that complaints are taken seriously and human beings are treated with dignity and respect.

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