



**9<sup>th</sup> May 2014**

To whom it may concern,

Rape Crisis Network Ireland (RCNI) welcomes the opportunity to make a submission on the issue of the Department of Justice and Equality's review of its Integration Policy. RCNI as the national institute on sexual violence on rape has been collating both quantitative and qualitative evidence from front line specialist services across Ireland in terms of migrant populations accessing services.

While measures to ensure access of service to all migrant populations are vital and we continually support multilingual information and translation resources to improve access, the rape crisis sector has a particular concern regarding the vulnerabilities of asylum seekers, particularly those within the direct provision centres. We will focus on that population in particular in this submission.

We would like to bring to your attention a forthcoming RCNI report entitled *Asylum Seekers and Refugees Surviving on Hold: sexual violence disclosed to rape crisis centres*. Some of the evidence cited below draws from this, as yet, unreleased document. We will forward the document to you upon release.

Asylum seekers and refugees are among the most marginalised groups in Ireland. Many have come to Ireland as a result of war, conflict, religious or political persecution, many experienced sexual violence as part of those circumstances.

Evidence from the quantitative analysis of RCNI national statistics supports the assumption that much of the sexual abuse being reported to RCCs by this population group is historical and pertains to their country of origin with 41% of survivors from this group having been assaulted by security forces or in locations associated with conflict such as rebel or government detention camps and prisons. However, the process of migration, asylum and refuge also increases vulnerability to sexual violence both in transit and in the destination state, suggesting that asylum seekers may be survivors of sexual violence in their home country, in transit, in their host country or all three. Domestic violence, sexual harassment and sexual assault in Direct Provision centres, recruitment for prostitution, and trafficking, particularly of young asylum seekers for the purposes of sexual exploitation, were all noted by RCCs as experienced by refugee and asylum seekers in Ireland. RCCs specifically identified the Direct Provision system as increasing vulnerability to sexual violence. The asylum process itself was also identified as increasing women's vulnerability.

These realities have implications in terms of the specialist supports and services that the Irish state needs to ensure are available to this vulnerable population and equally how this population is protected from victimisation in Ireland.

Although a relatively small population, asylum seekers and refugees have specific needs that are often different from those of the general Irish population. While some services have been established to address these needs such as Spirasi, the Spiritan Asylum Services Initiative, which has set up a Centre for the Care of Survivors of Torture, services are often under-funded and inadequate to address the needs of this group. Rape Crisis Centres (RCC) across Ireland provide an essential service to all survivors of sexual violence, including asylum seekers and refugees whose experiences of conflict and dislocation put them at a high risk of experiencing sexual violence. However, RCC counsellors note the challenges of working with a group who require multiple specialist supports. It is of concern to the RCNI that a significant number of clients ended their counselling not through choice but through matters outside of their control such as being moved or other changes in their circumstances which resulted in a denial of services to these individuals and their dependents at a particularly vulnerable time.

### Barriers to accessing services included:

- **The policy of dispersal:** When asylum seekers arrive in Ireland, they are temporarily accommodated in a reception centre. However, once the initial processing is complete, Ireland has a policy of dispersal in which asylum seekers are sent to accommodation centres across the country. If one of the accommodation centres closes or residents are required to leave the centre for another reason they may be sent to any of the countries 35 centres, resulting in asylum seekers being moved to different parts of the country, often with little notice.
- **A reduction in services** which normally provide referrals for victims of sexual violence. The statistical analysis of RCNI National Data indicates that 25% of refugee and asylum seekers are referred by the Refugee Legal Service and a further 13% by GPs. These services provide an important point of contact for survivors of sexual violence and act as sources of referral to RCCs. When their funding is reduced or services are curtailed there will be an expected impact on service up-take.

*'we [have] seen only a few asylum seekers this year, different to years before. Reasons could be that the fulltime family support worker was pulled out, and a former fulltime public health nurse is presently there only one day a week. The referrals do not come in any more ...' (RCC manager).*

Outreach work, was identified as significant in improving access to services for this population group. This included working with local services and intercultural NGOs however, resource cuts to both RCCs and other community resources has had a significant impact on capacity to engage in this work and therefore on referrals and access.

Other barriers include:

- **Language barriers**
- **Nature of accommodation:** lack of control or certainty over how long they will be resident in any one location.

*'We cannot realistically provide the kind of services which they really need and which would help them process the varying experiences of sexual violence because both the accommodation situation they are in and their anxiety regarding their status, we would regard as very stressful and therefore unsafe psychologically' (RCC counsellor).*

- **Cost implications:** Transportation and other associated costs can very quickly add up to and surpass the weekly allowance. Additional funds can be sought from the Community Welfare Officer (CWO) but the survivor may not want to disclose their experience, and the attitude of the CWO may not be supportive. The cost of attendance at a RCC, although the RCC provides free services, may be too high for those on such restricted funds.

- **Childcare**

- **Fear and anxiety**

### **The Direct Provision System:**

The DP system creates particular difficulties for survivors of sexual violence. Gender imbalances are evident in some DP centres. In Co. Cork, for instance, one DP centre housed 94 men and just 8 women (RIA, 2013:13) and there are currently no centres that accommodate only women. Single men may be accommodated in rooms next to single women and female-headed single parent families. Men and women may also be required to use shared bathroom facilities. These conditions create additional stress for survivors, including flashbacks, suicidal thoughts, and avoidance behaviours, such as urinating in buckets at night to avoid using shared toilets (AkiDwA, 2012:8), which contribute to psychological and physical ill-health of survivors. 10 of the 35 DP centres in Ireland were at or over capacity in 2012 (RIA, 2013:21). This results in overcrowding, including the sharing of bedrooms by a number of single men, single women, or a combination of single women and female-headed single parent families. Women living in DP centres have reported concerns about vulnerability of children to adult strangers and fears of the early sexualisation of children (AKiDwA, 2012:10). In 2012, 7 incidents of sexualised behaviour from children in a DP centre were reported (RIA, 2013:40).

The system of DP further increases vulnerability to sexual violence. The mixing of people from different cultural and linguistic backgrounds, lack of personal space and privacy, experience of trauma, high levels of stress, economic vulnerability, lack of knowledge of laws and reporting procedures, fear of authorities and making personal disclosures to authority figures, create conditions in which asylum seekers are vulnerable to sexual exploitation and assaults. The severely restricted funds available to asylum seekers create vulnerabilities for trafficking and prostitution. A number of asylum seekers have reported being solicited for sex or offers of pimping by fellow residents of a DP centre, ex-residents, employees and others outside of the DP system (AkiDwA, 2012:8).

Asylum seekers have also reported sexual harassment by DP staff, other residents and the local community (AkiDwA, 2012: 7-8) and more serious incidents of sexual violence are likely, though the prevalence of rape and sexual assault is unknown. As DP staff are in a position of authority and control over residents who are highly dependent on the DP staff for all material needs, it is a serious breach of trust for any DP staff to make any form of sexual overtures towards residents. Clearly, in this case of extreme power imbalances, any sexual comments, actions or suggestions are inappropriate and constitute sexual harassment and/or abuse. This should be an explicit stipulation of any service the State commissions on behalf of this population.

RCC counsellors perceive DP centres the current system of Direct Provision hinders the state in meeting its obligation to prevent sexual violence, and instead contributes to additional and on-going

vulnerability to sexual violence. Replacing the DP system or significantly reforming the DP system, including strict time limits on stays in DP centres, provision of family and women only accommodation, a significant increase in weekly allowance and right to work for all those whose claim of refuge has not been processed within six months (FLAC, 2009: 12), is clearly a matter of urgency to ensure that the state meets the needs of asylum seekers and refugees, supporting them in recovery and treating them with dignity and respect as a matter of right and in the interest of all of society.

### **In brief - service provision and uptake:**

- RCCs stated that the majority of clients had experienced incidents before arrival in Ireland, often in a situation of conflict. However, some clients experienced sexual violence in Ireland for the first time or in addition to an earlier experience.
- RCC counsellors identified additional vulnerability of refugee and asylum seekers in Ireland due to age, isolation and lack of support, poverty, cultural beliefs that discourage disclosure and fear of authority figures.
- The Direct Provision system was specifically identified as a factor in vulnerability to sexual violence by all respondent RCCs.
- Barriers identified by RCC counsellors included the policy of dispersal of asylum seekers, a reduction in services that provide referrals, language barriers, the DP system, cost implications, lack of childcare, and fear and anxiety.
- Challenges to providing services to refugees and asylum seekers included needing appropriate specialised training for staff, reaching out to refugees and asylum seekers directly in the absence or decline of normal referral pathways, and budgetary constraints to provide additional services.

## Recommendations

### **1. Reform of Direct Provision System. In particular,**

- Reduction of time spent in Direct Provision Centres in line with recommendations by the United Nations Committee on the Elimination of Racial Discrimination (2011). No person should be accommodated in this way for periods extending beyond 6 months. If delays in the decision of refugee status continue, affected asylum seekers should be granted the right to work and social supports in line with habitual residents of the state and in compliance with the with International Covenant on Economic, Social and Cultural Rights, Article 6 and the recommendations of the ECRI (2013:25).
- Training of DP centre staff on reception of complaints of sexual violence and/or harassment. A clear referral mechanism to appropriate services and authorities should be the standardised practice in all DP centres.
- Additional training of DP staff on working with vulnerable populations including a focus on appropriate interaction between staff and residents. Complaints of sexual harassment by DP staff are of serious concern. All those who work within the DP system should receive training on sexual harassment and appropriate conduct.
- Establishment of an independent complaints procedure with a regular presence within DP centres.
- Women-only accommodation in some DP centres for single women or female-headed single parent households for women who wish to be accommodated separately from men. This

accommodation should not require disclosure of previous experiences of sexual violence or trafficking, but be an option for all women.

- Decreased use of shared rooms and shared toilet facilities. In particular, mothers with children should not be accommodated with other single women and separate male, female and family toilet facilities should be provided at an adequate distance to ensure privacy. These arrangements would lead to a reduction of stress for survivors, a better environment for family interaction and recovery from the trauma of sexual violence for survivors and their family, and reduce the vulnerability of women to sexual harassment and violence by male residents.

### **2. Provision of psycho-social supports to families of survivors of sexual violence.**

Children and partners are frequently impacted by the survivor's experience of sexual violence and may have been a witness to the violence. Family-based counselling, in addition to individual counselling, should be available to affected families and awareness of such services should be prioritised in DP centres, Community Welfare offices and hospitals.

### **3. Specialist training for RCC staff and other providers of psycho-social supports to refugee and asylum seekers on sexual violence that occurs in conflict.**

Specialist training for support services about conflict-related sexual violence should be further developed. Such initiatives should be supported and should explicitly include a module on sexual violence.

### **4. Recognition and inclusion of men and boys in all information campaigns.**

Men and boys may also be victims of sexual violence and trafficking. Campaigns and information sessions and materials about sexual violence services should be available to, and relate to the experiences of, men and boys. Stigma against male victims of sexual violence should also be addressed within informational campaigns. In addition men should be exposed to information and awareness raising about how their behaviour may be threatening or inappropriate to fellow residents, in particular girls and women.

### **5. Funding and provision of material supports for survivors of sexual violence to attend related services.**

Funding should be provided to cover the costs of transportation, childcare and meal replacement (if a meal provided by the DP Centre is missed) for survivors accessing RCC or other psychosocial or medical services. An increase in the basic allowance for DP residents would ensure equal access to such services for all. In the absence of this, Community Welfare Officers should be instructed to make such funds available.

### **6. Funding and provision of support to ensure accessible and effective services.**

At a time of restricted resources the additional needs of refugee and asylum seekers may place an undue burden on RCCs and other non-state services. Supporting survivors of sexual violence is an obligation of the state and an efficient use of resources that is likely to lead to a reduction of the use of long-term medical services by refugee and asylum seekers. Funding should be made available to service providers to cover the costs of translators, specialist trainings, and outreach work.

### **7. Increased knowledge and awareness among all service providers, including GPs, the Refugee Legal Service and general public about services provided by RCCs to assist survivors.**

The RCNI evidence demonstrates that refugees and asylum seekers are less likely to self-refer than other groups. The role of agencies with whom they come into contact in acting as a point of referral is therefore of extreme importance. While increasing knowledge through outreach programmes is important to improve self-referral, all those who work with refugees and asylum seekers should be knowledgeable about sexual violence and referral pathways.

### **8. Develop mechanisms for information sharing, co-ordination of services and quality control among NGO support services.**

Assisting survivors requires well-designed support programmes that recognise the multiple traumas experienced by refugees and asylum seekers. Services that provide support for recovery from sexual violence, torture, psychological trauma and other relevant issues should work together to address the needs of this group.

### **9. Ensure involvement of refugees and asylum seekers in developing service responses to their needs.**

The voices of marginalised people often remain unheard in the development of services. Refugee and asylum seeker survivors of sexual violence are an especially vulnerable and marginalised group. To ensure that services adequately respond to their needs and to empower refugee and asylum seeker survivors it is essential that refugees and asylum seekers are consulted when designing or expanding services for refugee and asylum seekers and for specialist responses to the needs of refugee and asylum seeker survivors.

### **10. Conduct further research to gain deeper understanding and prevalence level of sexual harassment and violence against refugee and asylum seekers in Ireland.**

Although anecdotal evidence suggests that refugees and asylum seekers, particularly within the DP system, are frequently exposed to sexual harassment, violence and exploitation, we still have little understanding of how common these events are, the contexts in which they occur, the nature of the incidents and who are the perpetrators. Further research is required to address this knowledge gap.

Please do not hesitate to contact us if we can be of any further assistance.

Yours sincerely

Cliona Saidléar  
RCNI Policy and Communications Director  
On behalf of the RCNI

[cliona@rcni.ie](mailto:cliona@rcni.ie)  
0872196447