

AkiDwA

Recommendation 1: To recognise sexual violence experienced by women fleeing conflict situations during transit from their countries of origin as a severe violation of their human rights and dignity and the fact that these women need support. Services which are culturally appropriate should be tailored for their access

Recommendation 2: To recognise female genital mutilation as a ground for seeking asylum, as well as provision of specialised services for women and girls who are victims/survivors of FGM and to support the formation of government-led National Action Plan (NAP) to spear head work on FGM in Ireland

Recommendation 3:

Women who are victims of human trafficking to be recognised as a special cohort of victims of gender-based violence who will require specialised interventions and supports – psychological, physical etc – to ensure their continued wellbeing for an undefined period of time to ensure their social functioning

AkiDwa

Submission to the Citizens' Assembly on Gender Equality

AkiDwa (Swahili for Sisterhood – Akina Dada wa Africa) is a national network of migrant women living in Ireland. Established in 2001, AkiDwa's mission is to promote equality and justice for migrant women, with a vision for a just society where there is equal opportunity and access to resources in all aspects of society: social, cultural, economic, civic and political. The organization promotes the equality of migrant women in Irish society, free of gender and racial stereotyping and applies 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.

Migrant and ethnic minority women face multiple systems of social oppression. Their gender, their race, their religion, their disabilities all intersect and make them more vulnerable to discriminations and in private and public spheres. For example, it cannot be ignored that a woman faces violence in her everyday life. This risk rises when a woman is a migrant woman or ethnic minority who may face xenophobic attacks, disbelief when she goes to report a crime or protection policies which were not designed with her and her culture in mind.

Gender equality cannot truly be addressed without listening to the perspectives of women with varying life experiences – whether that is the experience of navigating the migration system, being an ethnic minority, having a disability or coming from a disadvantaged social economic background. Any data collected on discrimination and victimization needs to account for multiple forms of discrimination faced by women, LGBTQ+ community, religious minorities, people with disabilities etc. further all policies should have a gendered and intersectional approach to protect the most vulnerable groups.

AkiDwa submits some key gendered experiences of our members for consideration of the Citizen's Assembly including Gender-based Violence, employment and childcare, as well as the experiences of women in Direct Provision.

GENDER-BASED VIOLENCE INCLUDING DOMESTIC VIOLENCE

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. These women face additional

barriers to accessing support including language barriers, cultural norms and stigma, knowledge of services, immigration status dependency, habitual dependency, lack of staff training and Habitual Residence Conditions.

The Habitual Residence Condition (HRC) is a condition that you must satisfy in order to be eligible for most means tested social welfare payments in Ireland. The way it operates means that many migrant women do not satisfy or have the means to prove that they satisfy this condition, and so they cannot access the payments which would give them the financial freedom to seek safety. Under-resourced refuges and shelters must refuse women who have no recourse to social welfare or other finances to contribute to the cost of their shelter. This means that a victim of abuse can be doubly dependent on their abusive partner.

Under the Istanbul Convention, Ireland is obliged to provide for a sufficient amount of bed spaces in protective refuges for victims of domestic violence. The recommended amount is 1 bed to every 10,000 people in Ireland. With a population of 4.73 million, Ireland's 131 refuge beds fall far short of the recommended 473 beds required. The situation is even more difficult in rural areas where services need to cover wider catchment areas. Further we recommend resourcing for cultural competency and specialized services for migrant and ethnic minority women.

Female Genital Mutilation (FGM)

FGM is a form of gender-based violence which affects women and girls in Ireland today. AkiDwA estimates that 5,795 women living in Ireland have undergone FGM although the actual number may be higher. AkiDwA produced this estimate by synthesizing census 2016 data with global prevalence estimates from UNICEF 2016. Survivors are living with the psychological and physical consequences of this serious act of violence, and young girls are at risk of this harmful traditional procedure. We have repeatedly called on the government to establish an interdepartmental working group to coordinate the response to FGM, to prevent it from happening to young girls and to provide adequate support to survivors. 2019 saw Ireland's first ever conviction of this human rights abuse, which sends a strong message that FGM will not be tolerated, but we need to take steps at preventing girls from being cut, before the criminal act is ever committed. We have outlined five key policy steps that the government should take in order to prevent such a crime from happening again:

1. *Intergovernmental working group on FGM*: Establish an intergovernmental working group including the relevant government departments, civil society actors, frontline services and representatives from affected communities.
2. *National Action Plan on FGM*: Develop a National Action Plan on FGM outlining and coordinating the response of government agencies, funding to support anti –

FGM programmes and key targets and indicators to measure progress towards eradication.

3. *Network of Community Health Ambassadors*: Establish funding for a network of Community Health Ambassadors (CHAs) who would work with affected communities, including youths and religious groups, in order to change attitudes to FGM at grass root level.
4. *Full implementation of the Istanbul Convention*: Implement fully Ireland's obligations under the Istanbul Convention, promoting a holistic and integrated approach in relation to violence against women and FGM.
5. *Training for Healthcare Professionals and Frontline service providers*: Support the training for all professionals and service providers working with FGM affected communities including, for example, healthcare professionals, social workers, Gardaí and those working with asylum seekers.

Access to work

In the course of our work, we find that the barriers which women of Africa descent face in seeking work include lack of recognition of their qualifications from abroad, lack of work experience in Ireland, lack of childcare and multiple discrimination based on race, gender and religion. As indicated by economics and Social Research Institute (ESRI), in their 2018 integration monitoring report, the employment rate for Africans in Ireland was very low at 45%, while 66% of Irish nationals were working. The report indicates that African women are particularly disadvantaged, with the gender divide stark among Africans. With a tendency for African families to have more children, it could be that African women are pushed out of the work force by the high cost of child care, lower earning potential and because of their immigration status, with less recourse to relatives to provide childcare.

Any initiative to address the gender pay gap and access to work need to explore and address the reason why working women of colour are under employed and underpaid.

Further, the right to work for international protection applicants has been introduced on a limited basis. So far, this has been well received and a source of morale and value to the lives of women in Direct Provision. The opportunity to work, volunteer and integrate in the community is something that our members always express a need for. We recommend that the right to work be extended to all residents of Direct Provision, including those awaiting appeals. "To try to show them (Irish people) that we are here to also work, try to show them that we can do something for ourselves. We can do it, we can make it, we can also work, we can do many things here." Participant in Let's Talk Study.

Healthcare

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 healthcare system which are currently not being met, this fact was reiterated by a focus group discussion findings which was held with migrant women as part of the research. According to the research findings, women born outside Ireland make up 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 system (The Irish health system is somehow different from what majority of migrant women would have been used to in their countries of origin causing confusion of General practitioner and hospital access). This generally creates a lower uptake of services among migrant women, and they are more likely to either treat themselves and their families with over the counter medicine. As a result, migrant women are not seeking or receiving adequate treatment when necessary. 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.

IMPACT OF DIRECT PROVISION ON WOMEN

General conditions of Direct Provision

Direct Provision is the system of provision of State accommodation to applicants for international protection while they await a decision on their application. Residents are entitled to a weekly allowance of 38.80 euro for adult and 29.80 euro for children and are given room and board in one of over 30 accommodation centres across the country. These are usually former hotels and hostels being repurposed for long term residence, and run by private contractors, rather than directly from the state. Due to capacity restrictions an increasing number of applicants for international protection are being placed in emergency accommodation. Families are usually placed in centres with other families and are given priority for self-catering accommodation however many centres do not have the facilities to allow residents to cook for themselves, despite recommendations of the McMahon report on improving the conditions in Direct Provision.

Mental health impact of Direct provision

In 2019, AkiDWA conducted a research on migrant women's experience with mental health – in particular we held focus group discussions and interviews with women living in Direct Provision and women under the Refugee Resettlement programme.

The key message of the report is that migrant women face many stresses in their home countries, on their journeys to Ireland, and in their daily lives on arrival. Despite the traumatic and stressful events which may occur, mental health problems are not an inevitable consequence, but instead, wellbeing is shaped by a complex balance of stress and resilience factors. Many women struggle with the loss of agency and autonomy that comes with the asylum system in Ireland. Further, our participants must deal with the loss of losing their families and countries. As women, many of our participants reported taking on the stress and concern of their families who they can also see to be struggling. In the words of one of our participants: "it's hard to speak up because if you speak up then you feel like you are vulnerable or weak, that you don't know what you are doing, like you are not a woman, like a woman should be able to handle everything. Being a mother, being a wife, being a friend and a supporter."

This report identifies important structural and social factors which can improve mental health outcomes for migrant women and includes recommendations which will be useful for the work of public health professionals, the voluntary sector, and policymakers. The asylum processing system needs to be more transparent and faster. This is particularly important given the evidence of psychological distress caused by the prolonged waiting for international protection decisions, as highlighted by the participants in this study.

Safety risk of Direct Provision

Living in Direct Provision makes women especially vulnerable to domestic violence and sexual harassment. On top of the existing vulnerabilities to domestic violence that migrant women face, women in Direct Provision have extra risk factors and barriers to support. Families are living in close quarters, lack of personal space and 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 (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 are impacted by this pressure more.'* – Woman living in Direct Provision.

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 group discussion 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.

Ireland has an obligation under EU Law to conduct a vulnerability assessment 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; pregnancy; being under age or elderly; being a single parent; being a victim of human trafficking; and more 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 and further trauma. Further, the Istanbul Convention requires that State 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 vulnerability assessment and offered accommodation suited to her needs and recovery.

AkiDwA

“The recommendations in this report are drawn from our long-term work with women who have experienced domestic violence. In particular, we draw on two of our key reports from 2009 and 2012. We continued this work in 2019 with focus groups on the issue of intimate partner violence. In 2009, AkiDwA developed a toolkit in order to raise awareness and help African and other migrant women understand domestic violence and its dynamics. It illustrates unique factors of domestic violence cases of African women living in Ireland, and highlights how better to facilitate their effective access to domestic violence support services. AkiDwA partnered with Cos in 2012 to publish a report documenting migrant women’s stories of domestic abuse. ‘We Lived to Tell: Migrant Women’s Personal Experiences with Domestic Violence’. These stories were represented in the women’s own words to allow them to express what they had come through and experienced.” Familicide submission.

Further Reading

AkIDwA (2020) Let’s Talk: the mental health experiences of migrant women

AkIDwA (2012) We Lived to Tell: Migrant Women’s Personal Experiences of Domestic Violence

AkIDwA (2012) No Place to Call Home

AkiDwA (2009) Domestic Violence Toolkit; Identifying and Responding to the Needs of African and Other Migrant Women Experiencing Domestic Violence in Ireland

AkiDwA (2009) Am Only Saying it Now

Other Sources

SAFE Ireland (2009) Safety and Change: A national study of support needs and outcomes for women accessing refuge provision in Ireland

Women's Aid (2019) Children Let Down by the System: Impact Report 2018

Women's Aid (2015) Submission on the General Scheme of the International Protection Bill 2015

The Women's Health Council (2009) Translating Pain Into Action: A study of Gender-based Violence and Minority Ethnic Women in Ireland.