



Asylum seekers and refugees surviving on hold



**Sexual violence disclosed
to Rape Crisis Centres**

About RCNI

Rape Crisis Network Ireland (RCNI) is a specialist information and resource centre on rape and all forms of sexual violence with a proven capacity in strategic leadership. The RCNI role includes the development and coordination of national projects such as expert data collection, strategic services development, supporting Rape Crisis Centres (RCCs) to reach best practice standards, using our expertise to influence national policy and social change, and supporting and facilitating multiagency partnerships. We are the representative, umbrella body for our member Rape Crisis Centres who provide free advice, counselling and support for survivors of sexual violence in Ireland.

The RCNI role delivers cost efficiencies across the rape crisis and violence against women sector. The national coordination role delivered by RCNI removes much unnecessary duplication across management, governance, data collection, data reporting and administration. In taking on specific roles and executing them on behalf of all RCCs, local services can direct greater levels of resources into frontline services delivery and local multi-agency partnerships. The RCNI development role additionally provides value-for-money capacity building across services, through the design and delivery of a range of training courses for frontline services providers.

RCNI Philosophy

Survivors and their needs are at the very heart of what we do. Our core principle is that dignity, respect and recovery for survivors are always at the centre of our approach. We are committed to a reliable evidence base to achieve our goals of providing nationally co-ordinated best practice responses and social change which protects the human rights of survivors and prevents further victimisation. RCNI believe in the fundamental dignity and worth of all human beings and to this end we are committed to eliminating gender based violence which hinders the effective realisation of equality and human rights.

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“The first time I went into the door at the Centre, the way I was welcomed opened my life again and more so in a new country I did not know.

I wasn't myself until when I went to the Centre. I was traumatised, disorientated and depressed. On my first visit I felt at home and agreed to attend weekly counselling sessions at the Centre which was walking distance.

Just to let you know the Centre, as a person, I call it my home. Why? Because it is the place I feel happy and comfortable to express about anything and I know that the people in the Centre understand. I call it a place for safety and I am not ashamed of what I say.

I have benefited a lot at the Centre, it has changed my life. All I can say is a big thank you to all the people at the Centre.””

(Asylum seeker survivor attending a RCC)



Chairperson's Introduction

Through on-going collaboration and partnership, RCNI and its member Rape Crisis Centres provide a range of services to those affected by sexual violence utilising a survivor-centred and trauma-based approach.

RCCs are tremendous community information, education and resource centres, equipping many other local agencies and professionals in tackling sexual violence. RCNI is an essential component of Rape Crisis service delivery with a proven capacity as a specialist information and resource centre. Through national leadership RCNI delivers cost efficiencies across the Rape Crisis sector by removing unnecessary duplication across management, governance, data collection, data reporting and administration. This enables local RCCs to direct more of their resources into providing frontline services to those affected by sexual violence. All of this work is underpinned by the triple principles of equality, human rights and feminism.

Accurate and reliable data is essential in confronting sexual violence and providing effective services to those affected by such violence in the most efficient and cost-effective way possible. Nationally compiled data is not just a means of reviewing the level of past service delivery, it is essential to planning the service needs of the future and making strategic decisions about the best possible use of existing funding. The robust and reliable data collection coordinated by RCNI with RCCs ensures that survivors' voices and experiences are regularly brought to the attention of the highest decision makers in the State. Policy makers can be sure that all submissions are evidence-based and that the statistics provided by RCNI are of the highest possible standard.

As Chairperson of the Board of RCNI, I would like to extend my personal gratitude to Fiona and all the staff of RCNI, my fellow Board members, our Independent Chairperson, and RCCs for all their hard work, dedication and commitment. I would like to take this opportunity to congratulate all front line services that continue to enter high quality data into the RCNI Database; particular recognition goes to the data entry staff and volunteers throughout the country. Special thanks also goes to Stacey Scriver, who carried out the analysis and compiled this report in collaboration with Elaine Mears RCNI Data and Services Information Manager, and all who have contributed their expertise to the development of this data collection system, particularly Susan Miner.

Anne Scully

RCNI Chairperson



Executive Director's Message

Asylum seekers and refugees are among the most vulnerable and marginalised groups of survivors attending Rape Crisis Centres in Ireland. The Irish State has an obligation under international human rights instruments to ensure that refugee and asylum seeker survivors of sexual violence are protected from discrimination and have access to care. Ensuring that RCCs have adequate funds to deliver equal and accessible care to refugees and asylum seekers facilitates the state in meeting these obligations.

The long-term savings to the state and benefits of providing this funding should not be overlooked, as research has proven that long-term physical and mental health problems caused by the trauma of sexual violence lead to a greater dependence on health services for survivors and reduced productivity. The positive impact of RCC support on the lives of survivors accessing them has already been documented in Rape & Justice in Ireland, where survivors reported significant improvements in their psychological recovery, which is likely to lead to reduced usage of health services in the long-term and greater productivity.

The over 40% decrease in numbers of this client group accessing RCCs between 2011 and 2012 is indicative of the significant barriers they face in taking up such supports. Amongst other factors, it is also indicative of the year on year cuts to RCC funding and RCCs subsequent ability to reach out with supports to this already marginalised group. Improving access requires funding to provide transportation, interpreters, and other material supports needed for asylum seekers to effectively engage with counselling.

This report provides clear evidence that significant reforms are urgently necessary in the Direct Provision system to halt the risk of sexual violence to vulnerable residents and minimise the psychological harm to survivors.

Gathering information is the first step in understanding and addressing a problem. The work of RCNI in the development and maintenance of the RCNI Database means that for the first time, data on the experiences and service up-take of one of the most vulnerable and marginalised groups of survivors in Ireland is available for examination. This unique data provides essential information which can be used by service-providers, policy-makers and stake-holders to refine, expand, and/or develop effective responses to reduce the vulnerability of refugee and asylum seekers to sexual violence in Ireland and deliver effective services to facilitate recovery.

Fiona Neary

RCNI Executive Director



Introduction

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 have experienced atrocities that range from genocidal campaigns, torture, loss of family and friends, displacement, physical violence and sexual violence.

For most, these traumas are not experienced in isolation but as multiple related and unrelated events, such as displacement due to conflict, leading to loss of home, family, and friends resulting in vulnerability to physical and sexual violence while in flight or in an internal displacement camp. Asylum seekers and refugees are subject to these traumas in their country of origin, while in transit, and in the country of reception. The consequences of this trauma, often compounded by the asylum system and uncertain status, include high rates of post-traumatic stress disorder (PTSD), depression, anxiety and general physical complaints (Nwachukwa et.al. 2009:2; Murphy, 2009).

Current estimates put the number of asylum seekers resident in Ireland at approximately 5000 people, including men, women and children (RIA, 2013:2). Less than 6% of asylum applications will result in a grant of refugee status (ORAC, 2013:61). Since the height of immigration in 2002, numbers of new asylum seekers have fallen dramatically, from 11,634 to 956 in 2012 (RIA, 2013:2).

Although a relatively small population, asylum seekers and refugees have specific needs that are often different from those of the general Irish population¹. 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 underfunded and inadequate to address the needs of this group. Rape Crisis Centres (RCCs) 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.

‘When I started the training my whole life became normal. Initially I thought I was the only one with problems. When we started sharing our ideas and what we went through in life I was relieved. I felt great after sharing my problems.’

(Asylum seeker survivor attending a RCC)

This report presents findings about asylum seeker and refugee survivors of sexual violence who were using RCC services in 2012, drawn from the RCNI statistical database and a qualitative questionnaire circulated to five RCCs who have a large clientele of asylum seekers and refugee survivors. These two sets of data provide valuable information about the experience of sexual violence, access and utilisation of services, and ongoing vulnerabilities of asylum seekers and refugees living in Ireland. This report also takes a closer look at two issues that have significant relevance to the accessibility and appropriateness of existing services for asylum seeker and refugee survivors of sexual violence: conflict-related sexual violence and the direct provision system.

¹ Refugees are all those who have left their country as a result of fear or persecution due to their race, religion, nationality, social group, or political opinion. In Ireland, those who have had their claim of refuge recognised by the State are termed ‘refugees’ while asylum seekers are those who are making a claim to refugee status. Only a small minority of asylum seekers will receive refugee status in Ireland. When someone is recognised as a refugee, they gain similar rights to citizens and have the right to apply for citizenship. Asylum seekers however have very circumscribed rights: for instance, they do not have the right to choose where they live, to take up employment or to leave the State without the consent of the Minister of Justice. For further clarification see: <http://www.inis.gov.ie/en/INIS/Pages/Asylum%20Policy%20Division> or <http://www.intercultural.ie/content/asylum-seekers-refugees-migrants-%E2%80%93-understanding-immigration-systems>

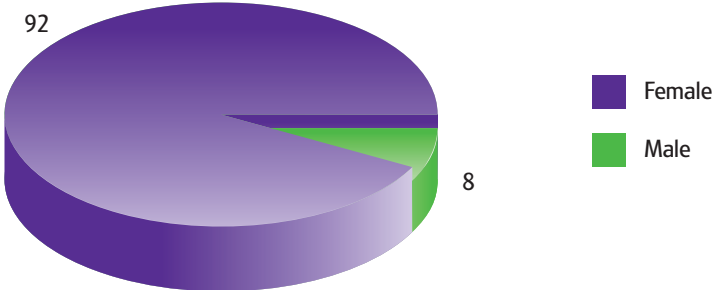


Survivor Demographics

In 2012, 54 clients attending Rape Crisis Centres in the Republic of Ireland were asylum seekers and 7 were refugees, a decrease of 44% on the previous year. These 61 clients represented a total of 69 incidents of sexual violence.

Gender

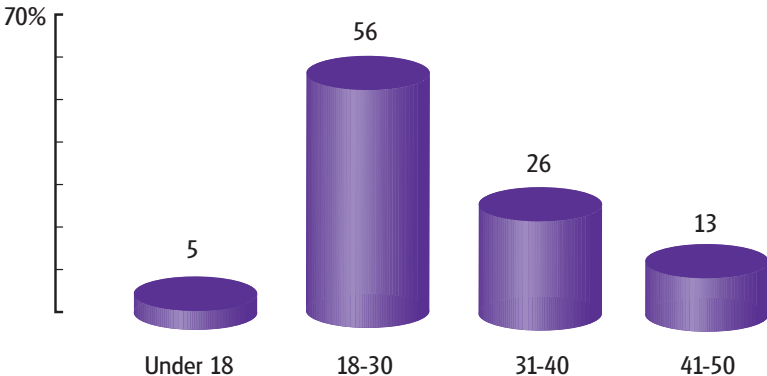
Graph 1: Gender of survivors (%) n = 61



Almost 92% of asylum seeker/refugee clients attending RCCs in 2012 were female with just over 8% male. This is largely in line with the general population of service users in 2012, suggesting that women continue to represent the majority of victims of sexual violence who access services.

Current Age

Graph 2: Age of survivors (%) n = 61



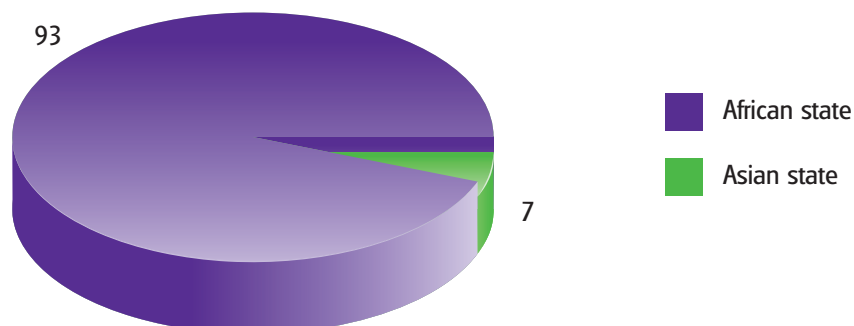
The vast majority of refugee/asylum seekers accessing RCC services in 2012 were between the age of 18 and 40. 56% of clients were 18-30, 26% were 31-40, while 5% were under 18² and 13% were over 40.

² All reports of child sexual violence were referred to the HSE in compliance with Children First National Guidelines on the Protection and Welfare of Children.



Region of origin

Graph 3: Survivors' region of origin (%) n = 60



The vast majority (93%) of asylum seekers and refugees who accessed RCC services in 2012 came from African states. The rest came from an Asian state.

Country of Origin

Almost one quarter (23%) of all refugee and asylum seeker survivors accessing RCC services in 2012 came from the Democratic Republic of Congo (DRC) or the Republic of Congo (RC)³, 13% were from Zimbabwe, 12% from Nigeria and 10% from Uganda. Although both DRC/RC and Nigeria are among the top four origin countries for asylum seekers, they are over-represented as service users within the asylum seeker and refugee group at 23% and 12%. In comparison, approximately 14% of all asylum seekers come from DRC and 6% from Nigeria (Conlan et.al. 2012:2). Zimbabwe and Uganda are also over-represented among service users. The higher numbers of clients from these areas likely present evidence of sexual violence during conflict – these four states all have recent histories of conflict where sexual violence was, or continues to be, pervasive (e.g. Hodzi, 2012; Cohen et.al. 2013; NWI, 2011:4).

Centre where accessing RCC services

Refugee and asylum seeker clients accessed services at Rape Crisis Centres across Ireland; however, the distribution of clients from this group was disproportionate to the size of the population with large numbers of refugee and asylum seekers accessing RCCs in Dublin (26%), Galway (23%), Sligo (16%), Mayo (11%), Waterford (11%) and Kerry (4%). In comparison, Co. Galway accounts for just 5% of the total population of Ireland, Co. Mayo and Co. Kerry for 3% each, and Co. Sligo and Co. Waterford 1% each (CSO, 2011). The distribution of refugee and asylum seekers attending RCCs is therefore a reflection of the location of Direct Provision centres in Ireland where asylum seekers are accommodated while awaiting a decision on their claim of refuge (RIA, 2012).

³ During data entry these two states were rarely distinguished. Most often it was simply recorded as 'Congo'. Immigration records suggest that the majority of these clients are likely to be from DRC but it cannot be entirely ruled out that some clients may have been from the Republic of Congo. These two groups were therefore amalgamated as one.

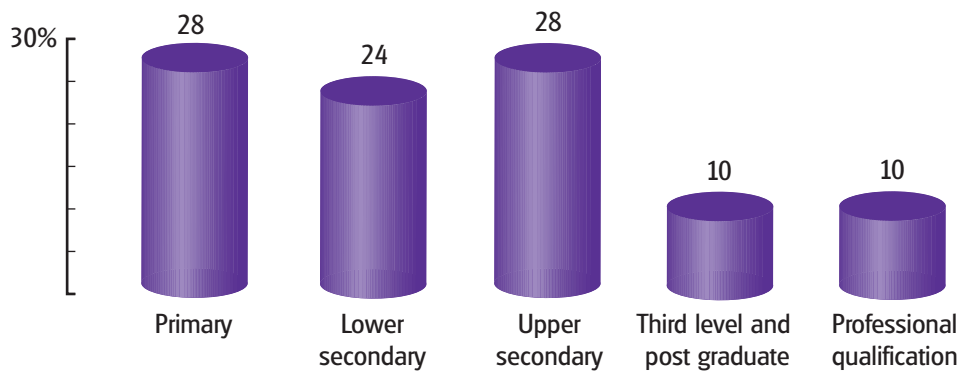


Housing type

Refugee and Asylum seeker clients were most commonly housed in Direct Provision Centres (82%). Other housing types included private rental accommodation (5%), public rental or supplemented rental accommodation (3%) and domestic violence refuges (3%).

Education

Graph 4: Survivors' highest level of educational attainment (%) n = 58



Approximately 20% of refugee and asylum seeker clients had post-secondary education or training. 28% had completed secondary education and 24% had achieved some secondary education. 28% of refugee and asylum seeker clients had attained primary education compared to 16% of the general Irish population, 15 years or older who have ceased education, who have only a primary education or less (CSO, 2011).

“Coming to the centre is giving me a hope and I can speak whatever I want to in there. All the things which was and are inside me are coming out and I am feeling a bit better. I am less depressed.”

(Asylum seeker survivor attending a RCC)

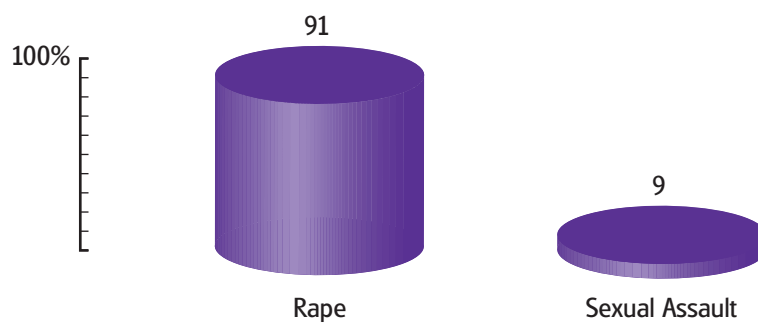


Crimes of Sexual Violence Disclosed to Rape Crisis Centres by Refugee and Asylum Seeker Clients

69 incidents of sexual violence were disclosed to Rape Crisis Centre counsellors by 61 refugee or asylum seeker clients in 2012.

Type of sexual violence

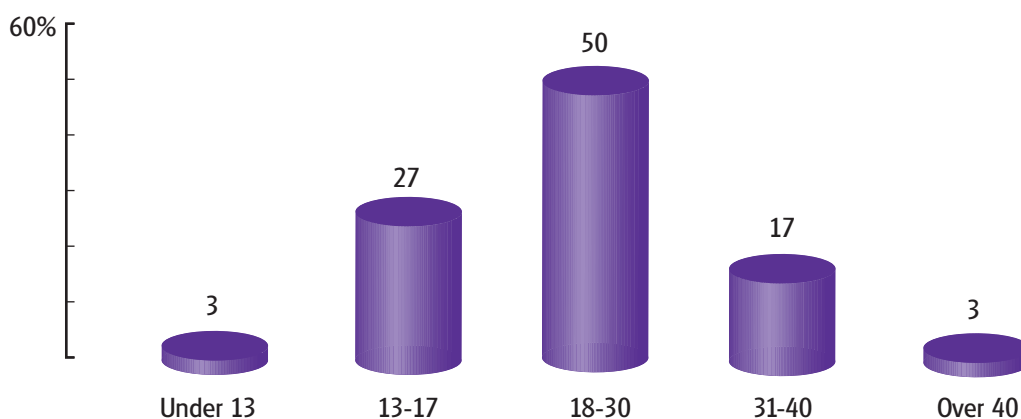
Graph 5: Type of sexual violence (%) n = 69



While some refugee and asylum seeker clients reported sexual assault (9%), the vast majority (91%) of reported incidents involved rape. Seven incidents of forced prostitution and/or trafficking were reported, accounting for 10% of incidents. The relatively small numbers of survivors who reported that they were trafficked or forced into prostitution largely corresponds with data from An Garda Síochána, who recorded 8 cases of reported trafficking of asylum seekers in 2012 (RIA, 2013: 32). However, such incidences are likely under-reported. Ruhama, a support service for women affected by prostitution, received 22 new referrals of suspected victims of trafficking in 2011 (2012:14), suggesting that victims of trafficking and forced prostitution may seek alternative supports to the law or may not report the incident to anyone.

Age at time of sexual violence

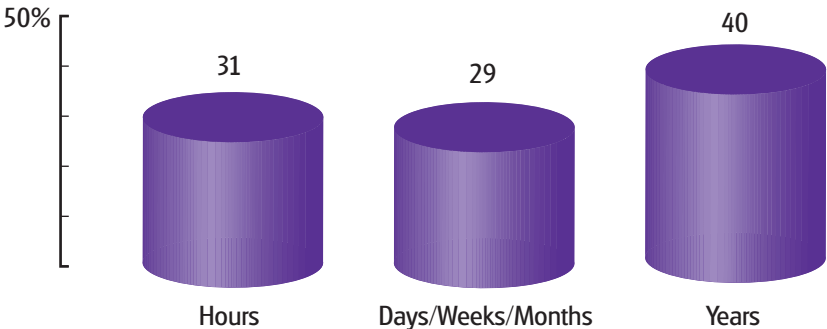
Graph 6: Age at time of sexual violence (%) n = 64



Refugee and asylum seeker clients reported that incidents of abuse most often occurred when they were between the ages of 18 and 30 (50%), however a large number (27%) experienced sexual violence as older children between the age of 13 and 17. 17% of incidents occurred to women when they were between 31 and 40, less than 3% of incidents occurred when the survivor was either over 40 or under 13. Notably, 76% of asylum seekers in Ireland are under the age of 36 (RIA, 2012:3).

Duration of sexual violence

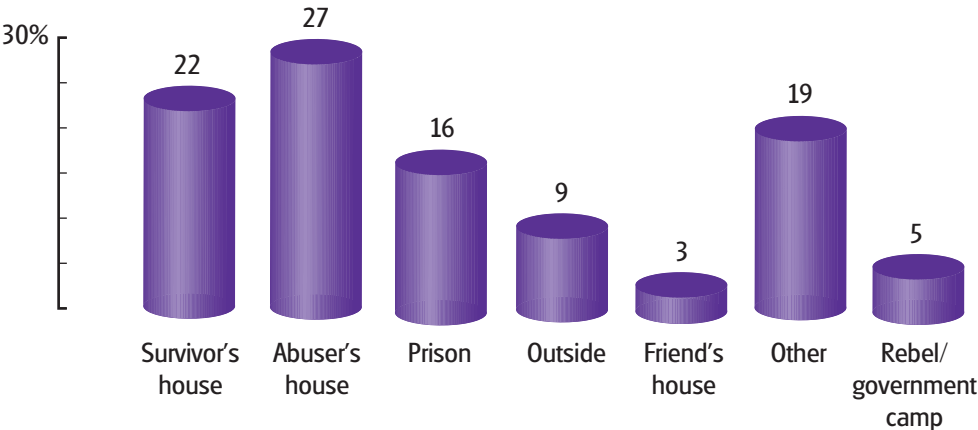
Graph 7: Duration of sexual violence (%) n = 65



Incidences of sexual violence perpetrated against refugee and asylum seekers, were most likely to be perpetrated over periods of years (40%) or hours (31%). Incidents less commonly were perpetrated over months (18%), weeks (3%) or days (8%).

Location of sexual violence

Graph 8: Location of sexual violence (%) n = 64

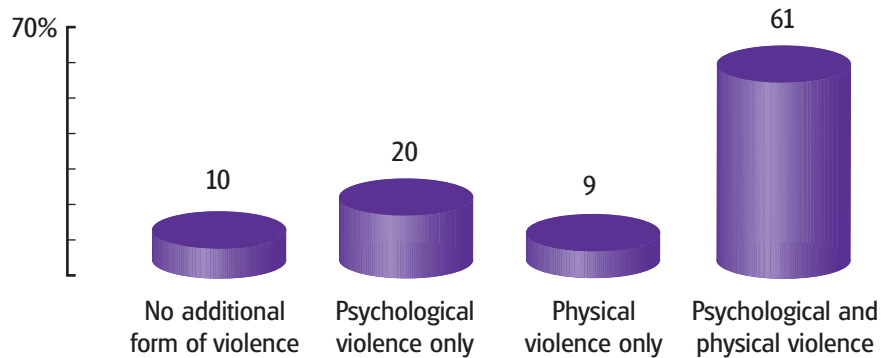


Refugee and asylum seeker survivors were most likely to disclose incidences of sexual violence occurring in the abuser's house (27% each) or their own home (22%). However, a large percentage disclosed incidences of sexual violence in a prison or rebel/government camp (16% and 5% respectively), or an outside location (9%). The high rate of sexual violence in prisons and rebel or government camps is suggestive of sexual violence in conflict situations; however, perpetration of sexual violence during conflict is not confined to combatants, but is also commonly perpetrated by civilians, including intimate partners, within a context of instability and lawlessness (Cohen, 2013:6-7).



Additional violence

Graph 9: Additional forms of violence perpetrated against survivors (%) n = 66



90% of incidents of sexual violence perpetrated against refugee and asylum seekers involved forms of violence in addition to the sexual violence. This is comparatively higher than the general population of RCC clients, where 70% experienced additional forms of violence (RCNI, 2011:27). Additional physical and psychological violence was most common, with 61% of incidents involving both these forms of additional violence. 20% involved additional psychological violence only and 9% of incidents involved the use of physical violence only in addition to the sexual violence.

Pregnancy

14% of incidents perpetrated against female refugee and asylum seekers resulted in pregnancy. Of those that did become pregnant as a result of the violence, the majority (67%) are now parenting the child.

'I come from Zimbabwe and the rate of sexual abuse is very high, but in many areas it is justified in so many ways that it becomes a way of life rather than a crime. Most of the times victims of sexual abuse never speak up because of the fear of bringing shame to their families. In most cases they are abused by their close relatives and there is never anyone trustworthy they can confide in'

(Asylum seeker survivor attending a RCC)

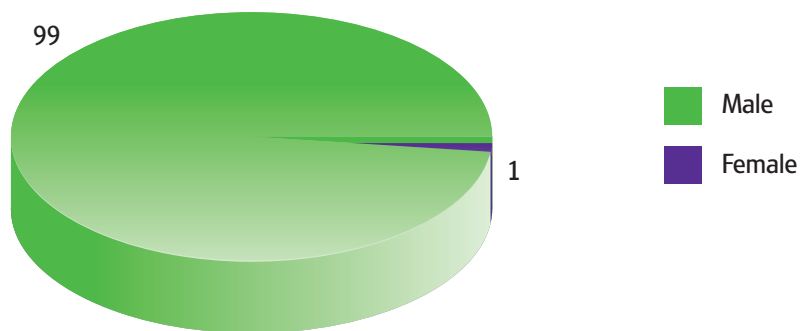


Perpetrator Information

Details of 159 perpetrators, committing a total of 69 incidences of sexual violence were disclosed to RCC counsellors by refugee and asylum seeker clients in 2012.

Gender of perpetrators

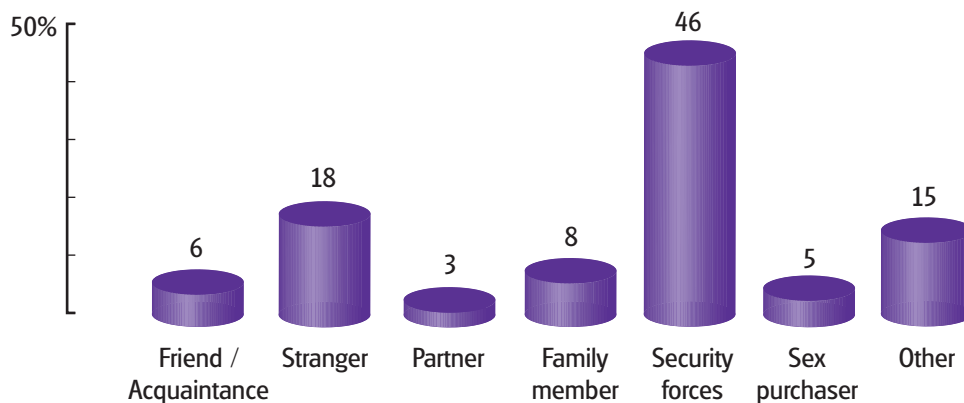
Graph 10: Gender of perpetrators (%) n = 67



Perpetrators of sexual violence against refugee and asylum seekers were nearly exclusively male (99%).

Relationship of perpetrator to survivor

Graph 11: Relationship of perpetrator to survivor (%) n = 157

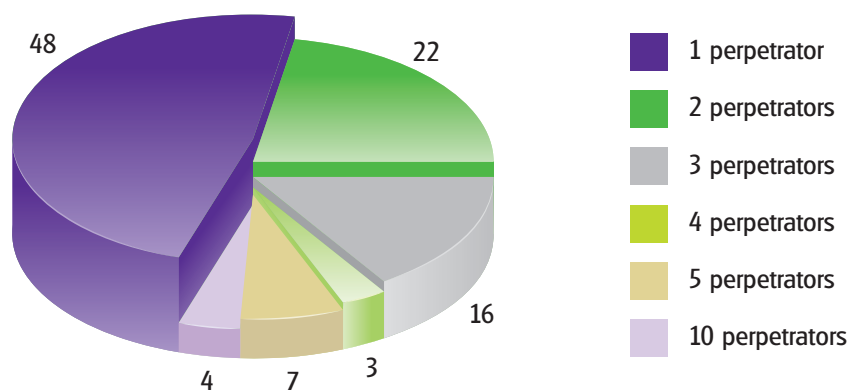


Refugee and asylum seekers experienced sexual violence perpetrated by family members, strangers, security forces and others. 46% of clients were assaulted by security forces, a further 18% by strangers and 5% by sex purchasers. Compared to the general population of RCC clients, a relatively low number (8%) were assaulted by family members including parents, step-parents, cousins, aunt/uncle and sibling-in-law.



Number of perpetrators per incident

Graph 12: Number of perpetrators per incident (%) n = 69



Refugee and asylum seeker clients were highly likely to report multiple perpetrators per incident. In fact, for 52% of incidents reported, more than one perpetrator was involved and 11% of these experienced incidents involving 5 or more perpetrators. Among the general population of RCC service users, 89% of incidents were perpetrated by a perpetrator acting alone (RCNI, 2011:54). The high number of perpetrators involved in a single incident noted among this group of service users is suggestive of gang rape and sexual slavery which are common forms of sexual violence in conflict conditions (NWI, 2013:7).

'I am enjoying every part of the sessions. I have changed the way I look on things. If I get the chance I would start such programmes for those who need the services back home. I appreciate the way the facilitators are working with the group, they are well prepared and have inspired me a lot.'

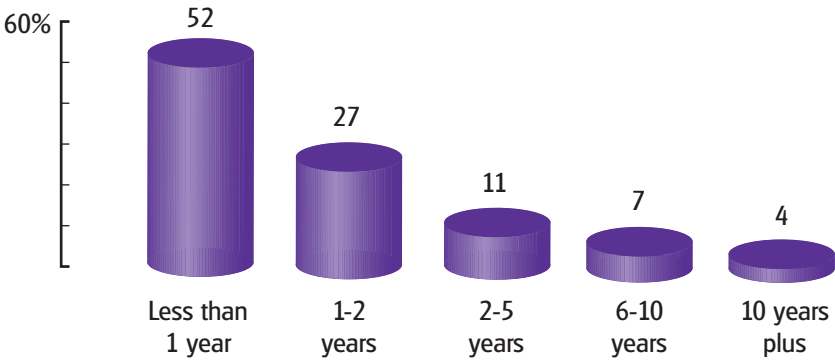
(Asylum seeker survivor attending a RCC)



Disclosing, Reporting and Help-Seeking

Telling someone for the first time

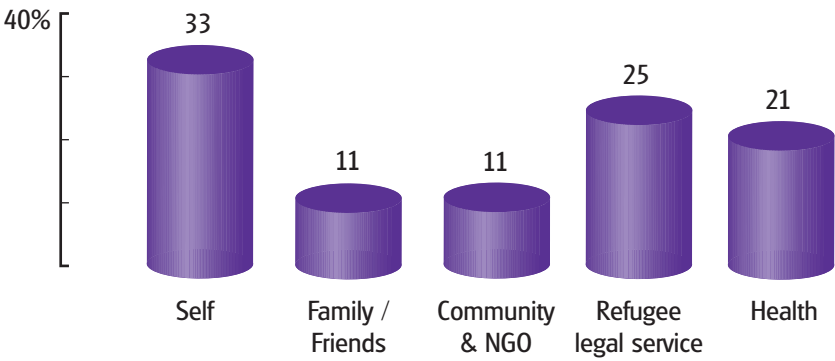
Graph 13: How long after the sexual violence did survivors first tell someone (%) n = 56



90% of RCC clients who were refugee and asylum seeker survivors of sexual violence had disclosed their experience of sexual violence prior to attending the RCC. Of those that had previously disclosed the incident, 52% disclosed in less than one year, 27% had disclosed the incident between 1 and 2 years and 11% between 2 and 5 years after the incident. 11% had waited more than 5 years to disclose the assault.

Referral

Graph 14: Survivors referred to RCCs by (%) n = 57

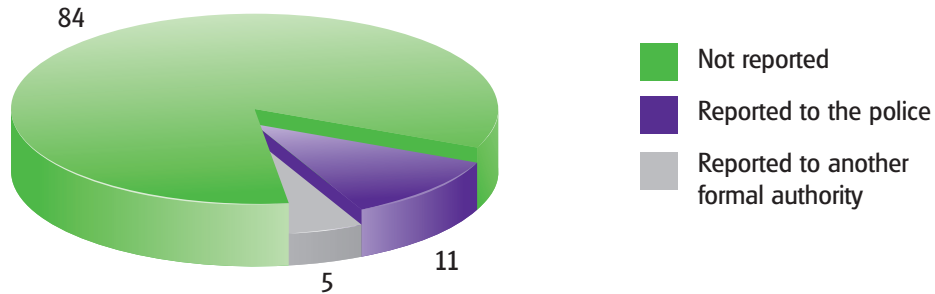


Refugee and asylum seeker clients were most likely to self-refer to a RCC for assistance. The Refugee Legal Service also commonly referred clients, with 25% of Rape Crisis Centre refugee and asylum seeker clients being referred in this way. 13% were referred by a GP and a further 11% were referred by friends or relatives.



Reporting the sexual violence

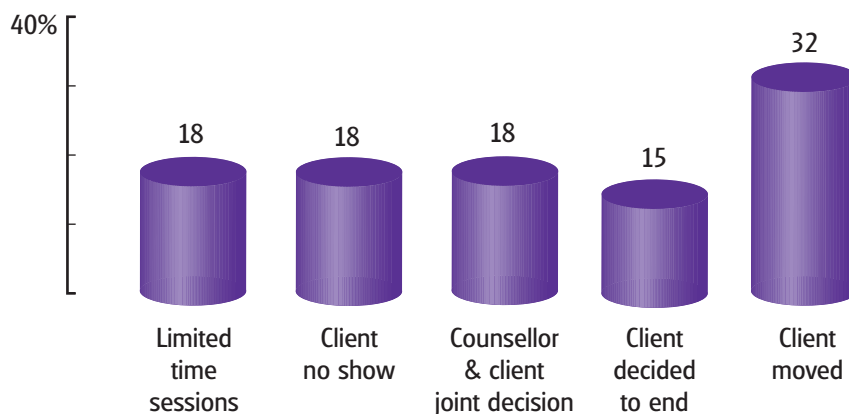
Graph 15: Reporting the sexual violence to a formal authority (%) n = 63



The vast majority of survivors did not report their complaint (84%). However, 6% did make a report to the Gardaí and 5% to other National Police, while a further 5% reported to another formal authority such as the HSE or a religious authority.

Why counselling ended

Graph 16: Why counselling and support ended (%) n = 40



Counselling may be ended for a number of reasons. Of concern is that a change in the location of residence was the most common reason cited for ending counselling/support for a client (32%). Limited time sessions, client no show and a joint decision between counsellor and client were equally common reasons for completion of counselling/support (18% each), while client's sole decision was somewhat less common (15%). Limited time sessions are when clients are offered a restricted number of counselling/support appointments, usually due to resource limitations in RCCs.



Refugee/asylum seekers: Female survivor of adult sexual violence case study

Case Study

Rose is 33 years old and originally from Democratic Republic of Congo (DRC). She came to Ireland four years ago seeking asylum and is living in a Direct Provision Centre. DRC has been at the centre of a brutal war for many years and the prevalence of rape and sexual violence there is among the worst in the world. Rose's ordeal began when she was 26. She and her husband were members of a political party which opposed the government. As a result of their political beliefs they were subjected to constant threats and harassment by the Congolese army. Her husband is currently missing; Rose suspects he was murdered by the army. Eventually, Rose was kidnapped by three soldiers and held for three days, during which time she was beaten, threatened, tortured, raped repeatedly and then abandoned. Her parents cast her off, believing that she had brought shame on the family and was now 'impure'. She made the decision to leave DRC and made contact with an agent who, for a large fee, arranged for her to get a flight out of the country. She had no idea where she was going until she arrived at Dublin Airport. She had been instructed to claim asylum as soon as she arrived and was brought to a refugee centre in Dublin. She spoke to a solicitor in the refugee legal services centre, where she gave details of the persecution and sexual violence she had endured. She was then referred to Rape Crisis Services.

Rose's living conditions in the Direct Provision Centre can be difficult. She shares a room with several others and has no access to cooking facilities. She has a very small amount of money to live on and is not allowed to work. She is suffering with post traumatic stress disorder which, for her, means she has anxiety, depression, nightmares and suicidal feelings. She knows she could be waiting up to seven years for a decision on her asylum application and is afraid that she could be deported back to her home country. Rose feels vulnerable and isolated from wider society and has no contact with anyone at home. She has experienced aggression from strangers on the street and has been approached by men attempting to solicit her for sex. Since contacting the Rape Crisis Centre, Rose has received assistance in liaising with refugee services. She has also begun attending a support group in the Rape Crisis Centre where she participates in activities such as art and relaxation techniques.



Rape Crisis & Sexual Abuse Counselling Centre Sligo, Leitrim & West Cavan counsellor experience of working with female survivors of adult sexual violence who are refugees/asylum seekers

“The Sligo Centre has seen people who are in the asylum process since 2001 and today they make up 15% of our counselling clients. The hostel ‘Globe House’ is only at 5 minutes walking distance to our Centre and they have to pass us going into town. This might explain why the number of clients from this community is quite high. In general there is a different picture to Irish stories of the sexual violence that clients from Globe House disclose. We received reports of rapes and gang rapes by soldiers or police forces, kidnapping, trafficking, war stories of past child soldiers, FGM, shaming procedures of male circumcision, forced marriages, stories of imprisonment of gay men etc. Many of them have lost or left behind partners, children or relatives and they experience a lot of loss and grief. They have lost everything that gave meaning to their life, relationships, social structures, cultural values and community rituals, support structures and a material base. People have told us how difficult life is if you are seeking asylum, living in direct provision and not being able to work, and how they developed depression under those circumstances.

A lot of our clients report that they had positive childhood memories which form a great resource, and those difficulties started in puberty, with marriage or with political conflicts in their area. We have provided face to face counselling and advocacy for many years, and we also included women from ‘Globe House’ in our survivors’ group, which worked very well.

In 2010 we received the first VEC funding allowing us to offer a 70 hours listening skills training for women seeking asylum. The training took place on Friday mornings to fit in with times of schools and crèches. Our participants, who were mostly African, brought amazing emotional resources and personal knowledge of different cultures to the training. Everybody enjoyed open sharing of emotions and difficult feelings like anger, sexuality, shame, love, happiness and grief and were very curious to work with body process in counselling. They say that great friendships have developed over the time and that the course helped them to overcome loneliness. Personal development and personal connections seem to be the most important outcome for everybody, the way they risked to trust, the practice of mutual respect and acceptance, staying with conflict, the non-judgemental listening, the concept of diversity and equality, human rights vs. cultural practices and counselling and racism.

One of the biggest challenges of this training group was that most people lived together and conflicts could not be dealt with in the group only, but there was a risk to carry the conflicts out into their community. I believe the training offered a lot of learning around conflicts and racism, and we always gave priority to group process and emphasised a strong contract of how we work together. The difficult living conditions in the hostel and the impact of the asylum process, where a lot of problems originated, had to always be part of our discussion. Over the time of 3 years we have lost 3 women because of conflicts with others, which seemed un-resolvable to them at that time.

The dynamic of our meetings changed with men coming on board for the last year. Our women showed great strength to speak up with the men and to challenge the ways they live together in their own culture and in Irish culture, and they explored together how they think about it today. The men struggled initially with the feeling work, but they stayed with it and worked with their own belief systems and hurts, which was very healing for men and women together.

For me as therapist and facilitator to be able to meet people from the Globe House community and to share life stories at this depth has been an amazing experience, and I believe that it has changed my perspective on therapy and my own life deeply.”



Behind the numbers: Experiences of RCCs in supporting asylum seeker and refugee survivors

Statistical information provides important data that helps us to understand the prevalence and experiences of refugee and asylum seeker survivors using RCC services. However, it cannot provide us with the contextual information that informs whether a survivor will seek help from a RCC or what barriers they may face in doing so.

To fill in gaps in relation to service usage and up-take, vulnerability and risk, an open-ended questionnaire was prepared and sent to 5 RCCs who commonly work with refugee/asylum seekers (see Appendix A). These five RCCs (Dublin, Galway, Sligo, Mayo and Kerry) answered a range of open-ended questions based on the experience of the RCC in working with this population group. Information was provided relating to:

- Nature of sexual violence most commonly experienced by refugee and asylum seekers
- Vulnerability to additional violence experienced by refugee and asylum seekers
- Barriers to accessing services by refugee and asylum seekers
- Challenges for RCCs in providing services to refugee and asylum seeker survivors

In order to ensure anonymity for refugee and asylum seeker survivors of sexual violence, the five participant RCCs were randomly coded as Q1-Q5.

Nature of sexual violence most commonly experienced by refugee and asylum seekers

Refugee and asylum seekers in Ireland commonly come from states which are in conflict. War and conflict increases the likelihood of experiencing sexual violence either as an aspect of the violence, perpetrated by security forces, or due to increased vulnerability to sexual violence committed by non-state actors as security normally provided by police, family, and others decreases. Evidence from the quantitative analysis of RCNI statistics supports this as 41% of survivors from this group were 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.

Participant RCCs provided additional information about the nature of sexual violence experienced by refugee and asylum seekers. All participant RCCs indicated that refugee and asylum seeker clients most commonly experienced assaults before arrival in Ireland. However, the existence of incidents of sexual violence in Ireland was also clearly indicated. 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.

The majority who attend, both males and females, have been the victims of sexual violence and abuse that occurred prior to their arrival, frequently in situations of war, civil unrest or lawlessness... For others they may live in settings i.e. hostels or they may be unaccompanied minors, which leaves them vulnerable to sexual violence and/or exploitation. Domestic violence, including sexual violence by partners, is also an issue' (Q.3).



Vulnerability to additional violence experienced by refugee and asylum seekers

All RCCs indicated that asylum seekers experience risk or vulnerability to sexual violence that is different to that experienced by other groups in Ireland. Reasons for this difference identified by RCCs included:

- age (asylum seekers are disproportionately young),
'Young girls are particularly vulnerable to becoming targets of men both inside and outside the hostels. Children living in DP Hostels are incredibly vulnerable to grooming and abuse' (Q.5).
- isolation and lack of support
'Those who have been abused in this country will be coping not just with the trauma of the assault but also with a lack of support, family and or displacement' (Q.3).
- poverty
'Because they have low self-worth, little money and usually no family they can be targeted and manipulated easily' (Q.1).
- cultural beliefs about sexual violence which discourages disclosure of incidents, and fear of authority figures.
'The cultural beliefs of the country of origin about rape and rape victims may colour the victim's own beliefs about the effect of disclosing-they fear they will be blamed, shunned, ostracised, if they disclose or report to the Gardaí. Their prior experience of police in their country of origin may also affect reporting' (Q.3).

Furthermore, all five RCCs that took part in the questionnaire spontaneously and specifically identified the Direct Provision system as increasing vulnerability to sexual violence. Three RCCs further identified the asylum process (Q.3, Q.4, Q.5), as increasing women's vulnerability and concerns have been raised by RCCs that residents are vulnerable to sexual approaches and harassment in the Direct Provision centres.

'Many experience sexual harassment in the DP centres. They do not usually tell us about this for some time or until it comes up' (Q.5).

'the Direct Provision process is too long and difficult for this client group. The long years of waiting in Limbo not knowing if you are staying or being sent home is soul destroying. Any of the clients that I have known who did get status, had to endure 7 years in the Hostel with their families. These are not adequate environments to raise children. These conditions have also added to the stress within their marriages. Apart from having to come to terms with their loss and the trauma of sexual violence etc, not having privacy and space can be very debilitating' (Q.1).

Barriers to accessing services by refugee and asylum seeker survivors

Since 2002, the number of asylum seekers coming to Ireland has fallen dramatically (RIA, 2013). This factor has no doubt impacted on the number of asylum seekers and refugees who accessed RCCs for services and assistance in 2012. Indeed, all but one of the RCCs contacted indicated that numbers of asylum seekers attending their RCC in relation to sexual violence had fallen over the past year. Although the lower number of asylum applications was identified as an important factor in the drop in service up-take by this group, RCCs also stated that a number of other issues contributed to the drop, including,

- **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 that were in operation in 2012, resulting in asylum seekers being moved to different parts of the country, often with little notice⁴.

⁴ There are currently 24 DP Centres operating in the state.



'In the last year when one of the hostels closed down in the city, most of the residents were dispersed to other parts of the country. Most of my clients had resided there and suddenly had to move ' (Q.1).

- **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 ...' (Q.2).

While most participant RCCs noted the reduction of numbers in recent years, one RCC stated that numbers of clients who were seeking asylum had remained relatively steady since 2002. They felt that outreach work, including working with an intercultural NGO, had assisted asylum seekers in accessing RCC help.

While these changes impact on the current number of asylum seekers and refugees who access services from RCCs, other barriers to service up-take were identified that are continuous from earlier periods. These include:

- **Language barriers:** Little or no English among some refugee and asylum seeker survivors presents complications for gaining knowledge about services for survivors in Ireland and for the provision of services, such as counselling sessions. All participating RCCs spontaneously mentioned language as a barrier to service provision for this group.
- **Nature of accommodation:** The Direct Provision system has also been identified as a barrier to survivors accessing RCC services. Because of the strong possibility of being moved, RCCs may be reluctant to engage in in-depth counselling sessions due to possible psychological damage to the client if these sessions are suddenly discontinued.

'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' (Q.5).

- **Cost implications:** Asylum seekers in the DP system have little expendable income and are dependent on a weekly allowance of €19.10. Transportation and other associated costs can very quickly add up to and surpass this 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 release of additional funds depends on the support of the CWO. The cost of attendance at a RCC, although the RCC provides free services, may be too high for those on such restricted funds.

'Apart from language barriers, often childcare and travel can prove to be obstacles, and very costly. These particular clients would have little money and so cannot afford child-care and travel costs' (Q.1).

- **Childcare:** Asylum seekers and refugees often have few social supports to assist with needs such as childcare to attend appointments. The very low allowance asylum seekers receive, as mentioned above, cannot cover the costs of paid childcare. As a consequence survivors may be unable to attend appointments or may do so with their children, which prevents adequate time and focus needed for counselling sessions.

'They sometimes bring children or babies to the appointments because they have no one to look after them' (Q.5).

- **Fear and anxiety:** Given the traumatic experiences of many asylum seeker and refugee survivors of sexual violence, often perpetrated by authority figures, fear and anxiety about revealing incidences and uncertainty about the trustworthiness of support services is unsurprising. These fears may prevent a survivor from disclosing to health workers and others, from seeking help directly, or from participating fully in counselling sessions.

'Some of the women we are working with come from places where they cannot comprehend an agency that is independent of the state, they do not trust services and there are some aspects of our accepted culture that do not make sense to them' (Q.5).



Challenges in providing services to refugee and asylum seekers

RCCs work under difficult conditions which see restraints on budgets for training and provision of services. Asylum seekers represent a group that has particular needs as survivors of sexual violence – extreme levels of violence, displacement, lack of trust in authorities, experience of torture and trafficking, among others. Assisting survivors within the asylum seeker and refugee community requires specialist knowledge and training on the part of counsellors which RCCs are stretched to achieve.

'One major difficulty for our centre is the lack of training. One person in the centre has developed an expertise and we are looking at ways of passing that on. Others find the work very difficult. Cost cutting has been a difficulty and will continue to be. Our service to this group of clients has been very curtailed' (Q.5).

Nevertheless, RCCs have demonstrated commitment and a willingness to adapt services to meet the needs of this group.

'Looking back at over a decade of involvement with this population, it has been a steep learning curve for clinical staff. The degree of trauma experienced by many refugee and asylum-seekers was a challenge to therapists. Additional training was needed in order to help them cope with the impact of the clients' trauma. In addition, we had to provide guidance about working with an interpreter in the room' (Q.3).

RCCs have also been involved in outreach work and awareness-raising among this population group to build knowledge about services and more generally about sexual violence, including grooming and harassment, to improve service up-take and reduce vulnerability to additional violence.

'The role of the co-ordinator was to raise awareness among migrant communities about the issues of sexual violence and the appropriate access to referral information and resources. This created links with agencies which have remained to this day' (Q.3).

'We have provided awareness raising talks, together with other organisations such as the Gardaí, Legal representatives, and Domestic Violence Centres' (Q.1).

One RCC noted an increase in self-referral following information seminars with asylum seekers (Q.5).

RCCs have also worked to build capacity amongst refugee and asylum seeker communities to provide 'self-help', such as 'training a group of asylum seekers in listening skills' (Q.2), and providing 'training for Peer Health Group from the two direct provision accommodation centres' (Q.4).

RCCs also provide posters and information leaflets in a number of different languages to overcome the language barrier and translators have, in some situations, been available for counselling sessions where required.

All RCCs felt that the services they provide to survivors from the refugee and asylum seeker communities were important and helpful to recovery. However, they all also noted the restrictive conditions under which they operated and consequently a curtailing of services for survivors from these groups.

'I believe they benefit greatly from the services that we provide. I believe that if we had more funding to pay for clients child-care and travel costs we could do more group work, this has been very successful in the past, helping to break down isolation, make friends and learn some coping skills as well as having fun and a forum to voice common issues and concerns. Unfortunately funding ran out' (Q.1).



Making Sense of the Data

Sexual violence during conflict

Refugee and asylum seekers in Ireland are commonly escaping violent conflict and war in their home states. Although over 23 countries were represented among refugee and asylum seeker survivors accessing RCC services in 2012, almost 60% came from just four states: the Democratic Republic of Congo (or Republic of Congo), Zimbabwe, Nigeria and Uganda. All four of these states have recent histories of violent conflict and civil unrest, high rates of human rights abuses.

During conflict sexual violence may be used as an intentional strategy to demoralise and de-motivate populations, as a tool of genocide, or to reward soldiers and combatants. However, sexual violence in conflict situations is also commonly disorganised, spontaneous and perpetrated by both combatants and civilians in a context of lawlessness and chaos (Cohen, 2013). Women and girls are predominantly the target of sexual violence in conflict settings, although men and boys are also targeted. Sexual violence during conflict is often exceptionally violent: gang-rapes, sexual slavery, rape with objects, sexual mutilations, severe beatings, and forced pregnancy are all perpetrated. Furthermore, this violence is not only inflicted upon the victim – sexual violence is often perpetrated in front of family members, and in some states, including Uganda and DRC, family members have been forced to participate in assaults against other family members (Nordas, 2011). The level of physical and psychological injury acquired by survivors and their families is thus likely to be severe. Following the end of violent conflict, the culture of sexual violence that was created during the conflict may remain and is exacerbated by psychological distress experienced by combatants and civilians, leading to high rates of sexual violence, including intimate partner sexual violence, in post-conflict situations (Kaufman, et.al. 2012: 3).

The data from refugee and asylum seeker clients of RCCs provides clear evidence of a large proportion of this group having experienced sexual violence during conflict. 46% of all incidents were perpetrated by security forces and/or in a prison, rebel or government camp. Furthermore, all of those that experienced sexual violence in a prison or rebel/government camp or perpetrated by security forces experienced violence in addition to the sexual violence. It is expected that a proportion of the remaining 54% of incidents were perpetrated by non-combatants during periods of conflict.

The high percentage of incidents which bear characteristics of sexual violence in conditions of conflict likely reflects the common occurrence of sexual violence within contexts of war in the states from which the majority of refugee and asylum seeking clients originate; however, incidents of violence perpetrated by family members and known others may be masked by the high visibility of this form of sexual violence. Research has demonstrated that sexual violence by non-combatants, including intimate partner sexual violence, increases during times of political and military crisis (Kaufman, et.al. 2012: 3). Furthermore, both in transit and in Ireland, refugee and asylum seekers are vulnerable to sexual exploitation and violence. Cultural barriers which perceive sexual violence by family members or intimate partners as a private or shameful event and uncertainties about how disclosure of these forms of sexual violence may be received may lead to an under-reporting of these incidents. While this data clearly demonstrates the existence of conflict-related sexual violence, providing important information for service provision, it is also necessary for doctors, social workers, RCC counsellors and other service providers to be attendant to the likelihood of other, often additional, experiences of sexual violence among refugee and asylum seekers.



Men and women who experienced sexual violence during conflict, regardless of who perpetrated the incidents, require intensive psycho-social supports to recover from the experience. Furthermore, their families may also require support. This study has, however, provided evidence that refugees and even more so, asylum seekers, face significant barriers that prevent access to such supports offered by RCCs. Improving access requires funding to provide transportation, interpreters, and other material supports needed for asylum seekers to effectively engage with counselling. This funding is not merely a cost for the state, but is also an investment: long-term physical and mental health problems caused by the trauma of sexual violence lead to a greater dependence on health services for survivors and reduced productivity, whether in the formal, waged economy or informal, often care-based economy. Survivors who have received support from RCCs report significant improvements in their psychological recovery (Hanly, et.al. 2009) which is likely to lead to reduced usage of health services in the long-term and greater productivity, thus ultimately benefitting society and the economy.

Direct Provision

Ireland uses a system of 'direct provision' (DP) to accommodate asylum seekers.⁵ Within this system asylum seekers are provided with food, accommodation, heat, light, laundry and household maintenance while housed in one of the 35 centres located throughout Ireland that were in operation in 2012. In addition, adults are given a weekly personal allowance of €19.10 and dependent children an additional €9.60. This allowance is unchanged since 2000. In 2012 DP centres housed approximately 4841 men, women and children. Almost 60% of these had been housed in this way for more than three years (RIA, 2013:2).

The Direct Provision System has been highly criticised by a number of sources including the Ombudsman (O'Reilly, 2013), the United Nations Committee on the Elimination of Racial Discrimination (CERD, 2011), human rights groups, and national organisations such as AkidWa (2012) – the migrant women's organisation. Criticism is directed towards variations in the quality and safety of DP centres, mixed housing of men and women, and the length of time asylum seekers spend in a system designed to accommodate them for no more than 6 months: 5% of Asylum seekers in 2012 had spent more than seven years in Direct Provision, and 66% more than 3 years (O'Reilly, 2013).

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 that were in operation in 2012 in Ireland were at or over capacity in 2012 (RIA, 2013:21). Evidence of a recent increase in asylum applications is likely to place additional pressures on the system. 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

⁵ In extreme cases, such as profound disability, alternative accommodation may be granted.



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 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.

The questionnaire results clearly indicate that RCC counsellors perceive DP centres as a barrier to recovery. It is essential that this vulnerable minority group receives the highest quality of care to recover from trauma and re-build their lives and the lives of their families. The system of Direct Provision currently suspends recovery, as survivors are left in a state of flux and uncertainty regarding their long-term accommodation and their status within the state, and contributes to their vulnerability to additional exploitation and sexual violence. The negative impacts of the DP system are compounded by the delay in the system which persists despite recent moves to speed up the processing of claims for refuge. Ireland has a duty to prevent sexual violence within the state: 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 allowance⁶ 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.

‘The listening skill training has changed my life and my mood greatly. Before the training I was depressed, down and confused about life. I didn’t have anybody to express my feelings to, didn’t know who to trust.’

(Asylum seeker survivor attending a RCC)

⁶ FLAC recommended an increase to €65 per adult and €38 per child in 2009 to be kept in line with inflation (FLAC, 2009:9)



Findings

Drawing evidence from quantitative data relating to service users and qualitative data provided by RCC service providers, this report delivers information about the experiences of refugee and asylum seeker survivors of sexual violence that is essential for designing and delivering effective responses.

This report finds,

About the clients:

- A total of 61 survivors using RCC services in 2012 were either refugees or asylum seekers. Of these, 89% were asylum seekers.
- 92% of refugee and asylum seeker survivors using RCC services were female.
- 93% of this group came from African States, primarily DRC or Republic of Congo (23%), Zimbabwe (13%), Nigeria (12%) and Uganda (10%).
- The Dublin Rape Crisis Centre provided services to the largest number of refugee and asylum seekers, followed by Galway RCC, Sligo RCC, Mayo RCC, Waterford RCC and Kerry RCC. This distribution largely aligns with the distribution of Direct Provision Centres in Ireland.
- 82% of refugee and asylum seeker clients were living in a DP centre in 2012.
- 30% of clients were children when they experienced the first (if more than one) incident of sexual violence.

About the perpetrator:

- 99% of perpetrators were male.
- 46% of perpetrators were security forces. A further 18% were strangers and 5% were sex purchasers. Family members accounted for 8% of perpetrators.
- Perpetrators most commonly carried out the sexual violence in groups. 52% of incidents were perpetrated by more than one perpetrator. 12% of incidents involved more than 5 perpetrators.

About the incidents:

- 69 incidents were reported by 61 survivors of sexual violence who were asylum seekers or refugees.
- 91% of incidents reported were rape and 9% were of sexual assault.
- 10% of incidents involved trafficking or forced prostitution.
- Survivors reported a high rate of multiple abusers. 52% of incidents involved more than one perpetrator.
- 40% of incidents were perpetrated over a period of years, while 31% lasted hours.
- The most common locations for abuse to be perpetrated against refugees and asylum seekers were the abusers or the survivor's home. A prison or rebel/government camp was also common accounting for 21% of incidences.
- 90% of incidents involved physical and/or psychological violence in addition to the sexual violence.



Disclosing, Reporting and Help-seeking

- Just over half of incidents (52%) were disclosed within 1 year of the incident occurring while 27% were disclosed in 1-2 years.
- Less than 20% of incidents were reported through official channels in Ireland or elsewhere.
- Although 33% of refugee and asylum seeker survivors self-referred to the RCC, this is a significant reduction in self-referral compared to the general sample of service users. For instance, in 2011, 56% of survivors self-referred to the RCC (RCNI, 2012). For refugee and asylum seekers, The Refugee Legal Service and GPs were important sources for referral and consequently an important point in the referral pathway.
- 32% of survivors ended counselling sessions due to a change in the location of residence. The instability associated with the DP system, as noted by RCC counsellors, is likely to have impacted this result. Other reasons for ending counselling included limited time sessions, client no-show and a joint decision between counsellor and client.

About 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.

“To come here meant a lot for me, you talking and listening to me helps me a lot, to overcome my challenges. It encourages me and helps me to keep going.”

(Asylum seeker survivor attending a RCC)



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.
- The formation of the Working Group on Direct Provision is a welcome development. The group should begin review at the earliest opportunity and should ensure that its terms of reference include the experiences of those living in Direct Provision and the needs of asylum seekers who are survivors of historical and/or recent sexual violence.

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 rolled out to a range of support services 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, 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.

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 psycho-social 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 evidence from this study 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 them it is essential that refugees and asylum seekers are consulted when designing or expanding services for themselves 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.



Conclusion

This report has been made possible by the collection and management of data in the RCNI Database and the participation and collaboration of Rape Crisis Centres in Ireland. This data has provided information about the experiences and service usage of survivors of sexual violence who are refugees or asylum seekers. This data is unique and provides essential information for the development of services and policies that respond to the needs of these vulnerable and marginalised groups.

This report highlights the depth of trauma from sexual violence that refugee and asylum seekers may have experienced that is further compounded by the experience of asylum – dislocation, loss of family and support systems, inability to make decisions about one's own life, and the challenges of living within the DP system for what is often a protracted period of time. This report also draws into view the incredible strength and resilience of refugee and asylum seeker survivors who, despite the traumas and loss, actively seek to rebuild their lives.

This report provides clear evidence that service provision to refugees and in particular, asylum seekers are affected by budgetary constraints. The needs of this group differ from that of the general population and specialist training for staff, translation services and material supports to attend counselling are required if this group is to have equal access to support services, such as those offered by RCCs. In order to uphold commitments to international human rights instruments, Ireland must ensure that refugee and asylum seeker survivors of sexual violence are protected from discrimination and have access to care. Ensuring that services have adequate funds to deliver equal and accessible care to refugees and asylum seekers facilitates the State to meet these obligations while also offsetting the long-term medical costs associated with survivors of sexual violence who do not receive adequate psycho-social supports. Furthermore, this report feeds into the mounting evidence that the current DP system is inappropriate as long-term accommodation for asylum seekers and particularly for survivors of sexual violence. The DP system must be reformed with urgency to halt the risk of sexual violence to vulnerable residents and minimise the psychological harm on survivors. The formation of the Working Group on Direct Provision and the inclusion of DP system reform and supports for asylum seekers in the Statement of Government Priorities 2014-2016, are welcome advances.

Gathering information is the first step in understanding and addressing a problem. The work of RCNI in the development and maintenance of the RCNI Database, and the participating RCCs who use the RCNI Database, means that for the first time, data on the experiences and service up-take of one of the most vulnerable and marginalised groups of survivors in Ireland is available for examination. This information can be used by service-providers, policy-makers and stake-holders to refine, expand, and/or develop effective responses to reduce the vulnerability of refugee and asylum seekers to sexual violence in Ireland and deliver effective services to facilitate recovery. In a country that takes pride in its commitment to upholding human rights, the care given to the most vulnerable in society is the greatest test of this commitment.

“I learn not to lose hope and I learn about my mental health. It really gives me courage and strength to take care of my son.”

(Asylum seeker survivor attending a RCC)



Appendix A: Questionnaire

The RCNI is gathering information about the experiences of Rape Crisis Centres in Ireland in relation to refugee and asylum seeker service users. This information will be used in a report to be published in 2013 by the RCNI and will supplement quantitative data gathered from the RCNI national statistical database.

Return of this questionnaire to Elaine Mears will convey consent to participation in the study. If you have any questions please do not hesitate to contact Elaine at info@rcni.ie. We would appreciate if the questionnaire is returned by the **4th of September, 2013**.

To participate, please supply short answers to the following questions, based on the experience of the Rape Crisis Centre at which you work.

Service use by refugees or asylum seekers:

Does your RCC supply services to refugee or asylum seekers? If yes, what kinds of services do you supply?

Do you experience any limitations in the type or quantity of services you supply to refugee/asylum seekers as opposed to other populations? Please explain.

In your experience, do refugee/asylum seekers encounter any barriers to seeking services that are unique to this group or different from other groups? Please explain.

Have you noticed any change to service uptake by refugee/asylum seekers in the past few years? If yes, can you provide any explanation for this?

Do you anticipate any further changes to service delivery or uptake in the coming year(s)? If so, why?

How did refugee/asylum seekers who used your services, learn about the RCC? Do you provide any outreach or awareness raising services to this group? Why is this?

Vulnerabilities and risk:

In your experience, do refugee/asylum seekers attending RCCs for services attend in relation to assaults that occurred prior to arrival in Ireland, after arrival in Ireland, or both? Please explain.

Do you feel that refugee/asylum seekers experience any risk or vulnerability to sexual violence in Ireland that is different from what is experienced by other groups? If yes, please explain.

What issues do you feel are most important in relation to refugee/asylum seekers and sexual violence, in terms of service provision, law, policy, or other?

Do you feel that refugee/asylum seekers who attend your RCC receive the services needed to recover from incidents of sexual violence? Why or why not?

Thank you for taking the time to answer these questions. If you have any additional comments to make on this topic please feel free to do so now. All information is appreciated.

Thank you for your participation. Once completed please return to Elaine Mears at: info@rcni.ie



Appendix B: Methodology

RCNI has developed a highly secure online database which allows authorised RCC personnel to log in and record specific information on each individual service user. This system is designed to equip RCNI to deliver comparable national data and simultaneously equip RCCs to, at any time, extract data regarding use of their own local service.

RCC personnel do not record any identification details for service users or any other person. This data collection system has been specifically designed to collect data in frontline services dedicated to working with victims of sexual violence. RCNI has developed standards on data collection, data use and data protection which all RCNI database users must adhere to.

The information in this report is compiled from the data entered by 12 Rape Crisis Centres around Ireland. The data used represents clients using services in 2012 who identified as refugees or asylum seekers. It represents only these people and cannot be used to make assumptions about the overall incidence or nature of sexual violence in Ireland.

We do not have all information on the sexual violence experienced by these survivors, as some information is not always available. For this reason the n values vary between graphs. The analysis used in this report is compiled using two distinct base figures, that of 'person-related' figures and 'incident-related' figures.

'Person-related' figures - Information inputted into the RCNI National Statistics Database is anonymised by use of unique numeric identifiers for each RCC service user. Demographic information and service user characteristics entered include information such as age, country of origin, legal status, disability, etc. The totals provided in tables and analysis relating to these characteristics refers to the total number of people.

'Incident-related' figures - This information relates to each incident or episode of sexual violence. Some survivors using RCC services have experienced more than one incident of sexual violence. An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI Database collects data on survivors' abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009). For each service user, data is input about each incident of sexual violence and the perpetrators of sexual violence. It is clearly indicated when any tables and analysis in this report refer to incidents of sexual violence.

The statistical analysis took the form of descriptive statistics using frequencies to gain prevalence and incident details.

To gather qualitative data about service usage, experience and vulnerability of refugee and asylum seeker clients of RCCs from the perspective of counsellors, an open-ended questionnaire was distributed to 5 RCCs in Ireland. All five completed and returned the questionnaire. The questionnaires were then anonymised by randomly assigning a code. All participant RCCs were informed of and agreed to the intended use for the questionnaire. Thematic content analysis was used to guide analysis of the questionnaire.

© Whenever reference is made to any part of or all of the data originating from the RCNI Database in any external communications, whether oral and/or written and through any medium whatsoever, the RCNI Database must be identified clearly and in full in the relevant communication(s) as the origin of that data and/or any part of it.



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Index of Terms

Acquaintance: Somebody that the survivor may know to say hello to or have chatted to in a nightclub.

Asylum Seeker: A person who seeks to be recognised as a refugee in accordance with the terms of the 1951 UN Convention Relating to the Status of Refugees. A temporary state in which a claim for refuge has not been determined.

Emotional/psychological violence: Harassment/intimidation, Psychological abuse, Stalking, Threats to kill.

Formal authority: Asylum application, Gardaí, PSNI, Other national police, HSE, Redress board, Church authority, Education authority.

Immediate Family: Parent, Sibling, Step-sibling, Step-parent.

Extended Family: Cousin, Foster parent, Foster sibling, Grandparent, Parent in law, Sibling in law, Step grandparent, Uncle/aunt.

Friend/acquaintance/neighbour: Acquaintance, Co-worker, Family friend, Friend, Neighbour.

Incident: An incident is not necessarily a once-off act of sexual violence. It instead identifies if the sexual violence was connected by the same perpetrator acting alone or a specific group of perpetrators acting together. An incident of sexual violence may last hours, days, weeks, months or years. The RCNI database collects data on survivor's abuse details by incident because it is the internationally recognised best practice method of doing so (Department of Health and Human Services, USA, 2009).

Limited Time Sessions: Refers to situations in which the relevant RCC could only offer a limited number of appointments to a client, most commonly due to lack of resources.

Other forms of sexual violence: Grooming, Observing/voyeurism, Sexual harassment.

Partner/ex-partner: Partner Cohabiting, Partner Non-Cohabiting, Partner Ex-Cohabiting, Partner Ex-Non-Cohabiting.

Perpetrator: A person who has committed a sexual offence.

Physical violence: Attempts to kill, Imprisonment, Neglect, Physical abuse, Prostitution, Trafficking.

Rape: Penetration (however slight) of the mouth, vagina, or anus by the penis without consent or penetration (however slight) of the vagina with an object held or manipulated by another person without consent.

RCC: Rape Crisis Centre.

Refugee: As detailed by the UN Convention Relating to the Status of Refugees, 1951: *"Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable, or owing to such fear, is unwilling to avail her/himself of the protection of that country; or (any person) who, not having a nationality and being outside the country of her/his former habitual residence, is unable, or owing to such fear is unwilling to return to it."* In Ireland, this definition is inscribed in Section 2 of the Refugee Act 1996.

Service user: A person who is using RCC services. They may be a supporter or survivor of sexual violence.

Sexual Assault: An assault, ie: touching or 'reasonable apprehension' of touching without consent, in circumstances of indecency, formerly called indecent assault. This is without any penetration of the mouth, vagina, or anus. In this report sexual assault also includes aggravated sexual assault which involves added serious violence, grave injury, degradation, humiliation or the threat of serious violence.

Sexual Harassment: Subjecting a person to an act of physical intimacy, requesting sexual favours, or subjecting to any act or conduct with sexual connotations when the act, request or conduct is unwelcome and could reasonably be regarded as sexually offensive, humiliating or intimidating, or someone is treated differently or could reasonably be expected to be treated differently by reason of her or his rejection or submission to the request or conduct.

Sexual violence: Any actions, words or threats of a sexual nature by one person against a non-consenting person who is harmed by same. This could include; Rape, Aggravated sexual assault, Sexual assault, Sexual harassment, Ritual abuse, Trafficking, Reckless endangerment, Observing/voyeurism, Grooming.

Stranger: Somebody that the survivor has never met before.

Survivor: Someone who has experienced sexual violence.



Sexual Violence Services included in this report:

Athlone Midlands Rape Crisis Centre:
1800 306 600

Carlow & South Leinster Rape Crisis & Counselling Centre:
1800 727 737

Dublin Rape Crisis Centre:
1800 778 888

Galway Rape Crisis Centre:
1800 355 355

Kerry Rape & Sexual Abuse Centre:
1800 633 333

Mayo Rape Crisis Centre:
1800 234 900

Rape Crisis North East:
1800 212 122

Rape Crisis Midwest:
1800 311 511

Rape Crisis and Sexual Abuse Counselling Centre Sligo, Leitrim and West Cavan:
1800 750 780

Tipperary Rape Crisis & Counselling Centre:
1800 340 340

Tullamore Sexual Abuse & Rape Crisis Counselling Service:
1800 323 232

Waterford Rape & Sexual Abuse Centre:
1800 296 296

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