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Migrant Women and Gender Based Violence in Ireland: Policy, Research & Practice

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1. Introduction to Irish Context and Policy

Domestic, sexual or gender based violence (DSGBV) are serious and pervasive social problems with devastating physical, emotional, psychological, and economic consequences for all victims ([Safe Ireland, 2015](#)). Its multi-sectoral and multi-dimensional nature necessitates readily available information on services, fully resourced, informed and trained services, and effective cross government and interagency coordination and cooperation ([Cosc, 2010](#)). Cosc, (Irish for 'prevent') the National Office for the Prevention of DSGBV, focuses on devising, implementing and reviewing the national strategy in consultation with relevant government departments, agencies and NGO service providers. Established in 2007, it has developed two National Strategies to date, [2010-2014](#) and [2016-2021](#). In setting up Cosc, the issue of GBV was moved from the Gender Equality unit of the Department of Justice and Equality to Crime¹.

The first National Strategy by Cosc to address DSGBV emphasised the value of a multi-agency response and identified information sharing between agencies and setting up mechanisms for monitoring and evaluating programmes and policies as key approaches. A review in 2014 cited challenges to implementation as the changing financial climate, changes in the way support services were funded (moving from Health Service Executive (HSE) to the Child and Family Agency, (TUSLA) and issues around ownership of the strategy (McCormack, 2018). The second Cosc National Strategy aims to improve supports available to victims and survivors, to hold perpetrators to account² and increase education and training of public sector providers. The strategy includes actions that must be implemented if Ireland is to ratify the Istanbul Convention³ (which Ireland has signed but not yet ratified). When the *Domestic Violence Bill 2017* is passed as intended it will update the existing Domestic Violence Act 1996, introduce coercion as an offence and remove fees for Legal Aid cases involving DSGBV. Fifteen state bodies are responsible for implementing the strategy including An Garda Síochána (Irish police force), TUSLA and approximately 60 GBV NGO service providers in receipt of state

¹ Crimes of violence including assault, harassment or coercion are gender neutral in Irish law although it is generally accepted that men are more likely to be perpetrators and women to suffer more severe physical assaults over a longer period of time (Allen, 2011).

² See Devaney, J. (2013) for a discussion of perpetrator intervention programmes in Ireland. Available at: http://collections.internetmemory.org/haeu/20171122154227/http://ec.europa.eu/justice/gender-equality/files/exchange_of_good_practice_es/ie_discussion_paper_en.pdf

³ Council of Europe 2011 Convention on Combating and Preventing Violence against Women and Domestic Violence (CETS No. 210 Istanbul 11.5.2011) has been ratified by 28 other countries. See: <https://www.coe.int/en/web/istanbul-convention/home>

funding. The initial response to GBV came from feminist organisations with the setting up of Women's Aid in 1974, an NGO providing support and information to women and their children physically, emotionally and sexually abused in their own homes. Since then it has grown to a [national network](#) of helplines, refuges and one to one support services including outreach and court accompaniment. Additionally, there are six Sexual Assault Treatment Units nationally for people who have recently been sexually assaulted or raped. Full details of support services available in Ireland may be found on the website of [Cosc](#). Ireland is also represented on the European Women's Lobby Observatory on Violence against Women by the National Women's Council of Ireland (NWC), who chair the Irish Observatory on Violence Against Women (2013; 2017). The [NWC's Strategic Plan 2016-2020](#) does not specifically address the needs of migrant women, but highlights the relationship between violence against women and women's unequal position in Irish society.

[The report of the Task Force on Violence Against Women \(1997\)](#), still referred to by GBV agencies, recognised that abused women and their children can be further isolated by discrimination on the grounds of race and ethnicity and recommended that in the implementation of policy the needs of women from marginalised groups be taken into account and that refuges/shelters and other services should be aware of, and sensitive to, their issues. Migrant women experiencing violence are recognised as potentially vulnerable, particularly those whose immigration status is dependent on their partner's visa (identified by the Irish Refugee Council and Nasc, the Irish Immigrant Support Centre⁴, as a huge issue), those who have been trafficked and/or are undocumented⁵, or those who have arrived as programme refugees or asylum seekers.

1.1 Training and Education

The national Health Service Executive (HSE) is responsible for driving health related actions in the National Strategy. Their policy on DSGBV (HSE, 2010) aimed to put in place an integrated and coordinated health sector response to domestic and sexual violence. In the past, the HSE National Social Inclusion Unit has commissioned AkiDWA (the national network of migrant women living in Ireland), and Sonas (a DV NGO service provider) to conduct training for health care professionals on DSGVB and female genital mutilation (FGM), and Dublin Rape Crisis Centre to provide training for staff in responding to the needs of those who have experienced trauma, including sexual violence. More recently, they commissioned Sonas to update their national training programme for front line staff in community health and primary care so that they can respond to victims of DSGBV in 'vulnerable or at risk communities'⁶, in line with their responsibilities under the Second National Strategy and National Action Plan on Women, Peace and Security (2015-2018).

1.2 Services for Migrant Women

Key state agencies for migrant women are the Department of Justice and Equality's [Reception and Integration Agency](#) for asylum seekers; the [Office for the Promotion of Migrant Integration \(OPMI\)](#) for relocated and programme refugees; the national Health Service Executive (HSE), particularly their [National Office for Social Inclusion](#)

⁴ <http://www.nascireland.org/know-your-rights/domestic-violence/>

⁵ [http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/493027/IPOL-FEMM_ET\(2013\)493027_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/etudes/join/2013/493027/IPOL-FEMM_ET(2013)493027_EN.pdf)

⁶ HSE (in print, 2018) *National DSGBV Training: Recognising and Responding to Victims of Domestic, Sexual and Gender Based Violence (DSGBV) in Vulnerable or At Risk Communities* [link](#)

which has a specific intercultural health⁷ and domestic violence brief; TUSLA the child and family agency; and an Garda Síochána. Most sectors have DSGBV policies and practice guidelines in place that include the training of staff to recognise signs of GBV in migrant women and to offer support and refer to services accordingly⁸. INASC's (Improving Needs Assessment and Victim's Support in Domestic Violence) research study to support justice professionals in assessing domestic violence risk and protection needs of women who may be undocumented or trafficked, (funded by EU Justice Progress Fund, in line with EU Victims' Directive), resulted in Safe Ireland's (2016) ['Make it Happen - Guidance for Justice Professionals'](#).

Programme refugees, and those who are relocated to be processed in Ireland, come through the OPMI and are helped through all stages of resettlement, including information and support to access housing, education, employment and psychological and social services. However, the majority of asylum seekers come into a different system. The main DSGBV policy governing women in the asylum system is that of the [Reception and Integration Agency](#) (RIA). RIA is responsible for housing asylum seekers in Direct Provision (DP) centres. Its [2014 policy document](#) on safeguarding asylum seekers against DSGBV was agreed between RIA, Cosc and NGOs including AkiDWA, Ruhama and UNHCR, and provides for training for staff in DP centres and awareness raising among residents. As part of their policy, posters in five languages were distributed across DP centres, highlighting supports available in relation to DSGBV in Ireland. The use of DP, where residents receive € 21.60 per week, with very limited access to education and work, and can remain for several years as their asylum claim is processed, has been criticised as a discriminatory practice that can result in social exclusion of asylum seekers. Its negative impacts have been highlighted in numerous studies ([Ní Raghallaigh, Foreman et al., 2016](#)). [IHREC \(2017\)](#) has described women in DP as one of the most marginalised groups in Irish society and Rape Crisis Network Ireland reports that the DP system increases vulnerability to sexual violence and exploitation, including the risk of trafficking and prostitution, sexual harassment and sexual abuse ([RCNI, 2014](#)).

The reception centre where up to 315 asylum seekers are housed when they first present for asylum has one social worker and two psychologists employed by the HSE. The social worker's 2016 statistics show that as well as running information clinics and group sessions, he saw 634 people from 64 countries, 129 of whom needed an interpreter. Of those 634 people, 25 reported a history of sexual abuse, 14 domestic violence, 14 disclosed torture/ imprisonment and 7 trafficking. On arrival, residents are offered a voluntary health screening (take-up is approximately 80%), which can include meeting with a social worker. There is a referral mechanism to RIA'S Child and Family Unit in cases of child welfare or protection concerns, and to RIA's health unit for medical and mental health needs. Following a short period in reception, asylum seekers are disbursed around the country to shared accommodation in mostly outsourced and privately-run DP Centres. Data protection laws prevent sharing of information between HSE and RIA without residents' consent. Ireland recently opted into the recast Reception Conditions

⁷ [National Intercultural Health Strategy 2007-2012](#), HSE (Section on health, care and support needs for conflict-affected women and girls in updated strategy due 2018)

⁸ e.g. the [Garda Síochána's Domestic Abuse intervention Policy \(2017\)](#), revised to comply with National Strategies on DSGBV, with Istanbul Convention and EU Victims Directive (2012/29/EU) ,includes advise on cultural issues and to access their Ethnic Liaison Officer; and [HSE/TUSLA \(2012\) Practice Guide on DSGBV](#) includes section on cultural issues and migrant women.

Directive (2013) on 21.11.17 to comply with an Irish Supreme Court ruling that it was unconstitutional to deny asylum seekers the right to work. Pending its implementation, the Government has introduced extremely restrictive rights to work. It has still not opted into the recast common procedures on international protection. The main piece of legislation concerning asylum in Ireland is the International Protection Act (IPA), enacted in 2015 and commenced on 31.12.2016, with a view to streamlining the process for international protection. However, for cases that are not prioritised, there is currently a waiting time for 19 months for a first decision. With respect to the special needs of asylum applicants, the Act only recognises the special needs of child asylum seekers⁹ If asylum claims are granted residents are discharged without the same supports as programme refugees, an issue that has caused concern ([Ní Raghallaigh and Foreman, 2016](#)). There is one social worker seconded by TUSLA to the Department of Justice with a child welfare and protection brief, who works across all 34 DP centres. In 2017, DV was the primary concern in 22% of cases referred from RIA or IRPP centres (13 out of 59 cases). While women and children can be moved within the DP system to alleviate risk of DSGBV, it may remove them from social support networks. The first option is always to try an effect the removal of the alleged perpetrator, usually through offering a transfer to another accommodation centre. It can be problematic if the perpetrator does not want the legal entity that is 'his' family split up.

2. Relevant Data

2.1 Refugees and Asylum Seeker

Ireland has a population of 4.7 million and the proportion of non-Irish nationals is currently 11.6% (Central Statistics Office, 2018). Historically Ireland has been a country of emigration rather than immigration. Economic growth in the mid 1990's resulted in increased immigration, and an increase in asylum applications which peaked at 11,634 applications in 2002. During 2017, 2,927 people sought asylum in Ireland. RIA was accommodating a total 5,096 asylum seekers by the end of Dec 2017 in 34 centres ([RIA, 2018](#)). Research by [AkiDwa \(2012\)](#) demonstrated a need for women only accommodation within the DP system for women who suffered DSGBV and for those who had been trafficked – to date there is only one women-only accommodation centre that houses 55 women in County Kerry Separately, the Irish Refugee Protection Programme (IRPP), established in September 2015, has received a total of 1,337 men, women and children since 2015. However, they have failed to meet their original pledge to bring 4,000 into the country by the end of 2017. Ireland is due to receive 600 refugees this year, including 330 additional programme refugees, as part of a new EU resettlement pledge to support those affected by the migration crisis. Family reunification is due to become an important element of the programme.

2.2 DSGBV

Reporting of domestic violence in Ireland is low compared to what is known about prevalence rates (FRA, 2014; Sonas, 2016). It is estimated that 1 in 3 women in Ireland have experienced psychological violence from a partner at some point in

⁹ For more information on the Irish asylum system and its International Protection Office
<http://www.asylumineurope.org/reports/country/republic-ireland>;
http://emn.ie/files/p_201711211105707Annual%20Report%20on%20Migration%20and%20Asylum%202016_online.pdf

their lives and 1 in 4 have experienced physical or sexual violence by a partner or non-partner since the age of 15 ([FRA Study, 2014](#); Safe Ireland, 2016a). While the FRA study indicated high levels of awareness of support organisations for victims of violence against women, with 80% being aware of Women's Aid services, the same cannot be said for migrant women where research indicates that lack of information of services is still an issue ([Mayock & Sheridan, 2012](#)). [Safe Ireland's](#) national statistics for 2015 (2016b) show that refuges/shelters were unable to meet 4,831 requests for emergency accommodation because they were full. There are 21 domestic violence refuges in Ireland with approximately 145 family units, only 31% of the minimum recommendation ([Safe Ireland, 2017](#)). To reach the minimum standard required under Article 23 of the Istanbul Convention, i.e. one family place per 10,000 population, Ireland needs at least 470 family places. 28% of new women using Women's Aid Dublin based one-to-one support services were migrant women, just over half were from non-EU member states while 44% were from EU member states ([Women's Aid Impact Report 2016](#)). An earlier study of GBV and ethnic minority women found 13% of users of GBV services were non-indigenous ethnic minority women, most of whom were dependent on their partners' visas, or were asylum seekers/refugees (Women's Health Council, 2009). This is an overrepresentation of minorities in DV services compared to the general population.

3. Policy Debates – challenges and barriers for migrant women

Despite the fact that DSGBV services are available to all women experiencing gender-based violence, some of the challenges and barriers facing migrant women do not seem to have changed much over the past decade. AkiDwA, Irish Immigrant Council and Women's Aid held a forum in 2006 on needs of minority ethnic women experiencing DSGBV. Immigration status and the Habitual Residence Condition (HRC)¹⁰, and resulting lack of entitlement to work, housing or financial support, were identified as two of the main barriers for minority ethnic women being able to leave violent partners. Other barriers included isolation, language, financial issues, religious beliefs; shame/stigma/fear of rejection from family; beliefs in gender roles; mental health, and racism from statutory agencies or racism from staff/residents in refuges. Agencies identified their own lack of understanding of intercultural issues and lack of information on migrant women's rights and entitlements ([Bassett, 2006](#)). A subsequent study by the [Women's Health Council in 2009](#), which showed experiences of GBV included domestic violence, conflict-based rape, rape during the migration journey and sexual violence in prison, identified barriers in meeting their needs included the HRC¹¹ and immigration legislation that increase dependence on their partner. Some interviewees experienced harmful traditional practices in their country of origin, namely forced marriage and female genital mutilation (FGM). For many, these experiences occurred alongside other traumatic events, such as bereavement, long-term captivity, forced labour, physical and psychological torture, widespread discrimination and separation from their family. The [Women's Health Council \(2009a\)](#) identified other risk factors that act as barriers to leaving violent relationships or accessing support, including endorsement of patriarchal views of marriage and women's sexual autonomy; members of a community or family not intervening in cases of domestic violence; isolation from the

¹⁰ 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. It came into effect in 2004 following enlargement of EU and requires proof of residence in Ireland for a minimum of two years.

¹¹ The HRC was identified as a barrier by 56% of GBV organisations (WHC, 2009).

rest of their community, changes in status, gender roles and traditional supports following migration; as well as low income. Discrimination from the majority culture, and sexism against them from both the majority group and their own minority ethnic community as well as fear and lack of trust in the police were all seen barriers to seeking support. They also cited inadequate resources; absence of staff training; and absence of interpretation services. Social isolation led to a very low level of awareness of legal system, services and entitlements among interviewees, and most had no information on available services in Ireland. 81% of GBV organisations thought adding a Domestic Violence Concession to the Habitual Residence Condition was a required measure to meet their needs. That research resulted in the publication of [Best Practice Guidelines](#) (Women's Health Council, 2009b) which are still referred to today by support services. [Safe Ireland \(2013\)](#) subsequently commissioned a study on the Habitual Residence Clause which highlighted its negative effect on migrant women. In [Mayock & Sheridan's study \(2012\)](#) on migrant women and homelessness the majority of migrant women were unaware of support services when they became homeless and this was particularly true for women experiencing DV. Lack of immigration status, lack of welfare entitlements and not meeting the HRC were also issues. More recently, Women's Aid (2016), identified language barriers, lack of independent residency status, ineligibility for social protection and limited access to emergency accommodation as barriers faced by migrant women affected by DV, with some cultural or religious backgrounds also reducing their options. Some women who lost their residency status when they left an abusive partner have had to move from a temporary stay in a women's refuge to DP because of lack of entitlement to benefits and housing.

In summary, a woman's immigration status, length of stay in Ireland and the habitual residence condition (HRC), social isolation, lack of knowledge of available supports or legal remedies continue to be issues for migrant women ([Nasc, 2018](#); [Sonas, 2016](#), [Women's Aid 2017](#)¹²). They can face challenges in accessing health, welfare and housing services because of their legal status or HRC ([Safe Ireland, 2015](#)). In particular, the HRC continues to place unacceptable barriers for women seeking protection from GBV and can exclude her from receiving welfare payments ([Safe Ireland, 2013](#)). A lack of English, support networks and knowledge of immigration and social welfare systems are also used by perpetrators to further marginalise and control women.

4. Good Practice Initiatives

4.1 DSGBV

- **Women's AID** national 24-hour free phone helpline is available to all women experiencing gender-based violence and can offer support in 170 languages through their telephone interpretation service – it is widely referred to by other agencies and has been identified by both state and NGO service providers as an excellent and useful addition to Women's Aid's services. It was expanded to 24 hours in 2016. Their phone line dealt with almost 16,000 calls in 2016 and over 20,000 disclosures of domestic violence against women and children. In 2016, 250 calls were facilitated in 27 languages, 82% spoke a range of EU languages, and non-EU languages included Arabic, Mandarin and Russian.

¹² All three organisations are members, together with several others NGOs, of the Domestic Violence Coalition, which is campaigning to remove the barrier to protection caused by the 'dependent' residence status of many migrant victims of domestic violence in Ireland.

- Following a successful campaign by NGOs the **Irish Naturalisation and Immigration Service (INIS)** published ['Victims of Domestic Violence - Immigration Guidelines \(2012\)](#) which clearly state that migrant women do not have to remain in an abusive relationship in order to preserve their entitlement to remain in Ireland, i.e. where their immigration status is derived from or dependant on that of the perpetrator of domestic violence. Under the guidelines, anyone who experiences DV by a close family member can apply for independent residency. However, most victims encountered by NGOs like Nasc are not aware of this policy or their rights around it. Nasc has criticised the guidelines for various reasons including their lack of clarity and have called for them to be backed up by legislation, as they are in other countries. They also do not include women who are undocumented. Another cause for concern is that Section 57 (5) of the more recent International Protection Act 2015 states that permission to reside in Ireland under family reunification shall cease to be in force where the marriage or civil partnership concerned ceases to exist.
- The HSE National Social Inclusion Office**, which represents the HSE on the Cosc committee and the Women, Peace & Security group, funds a mobile (health assessment) bus under the Refugee Protection Programme (IRPP) run by [Safety Net](#)– initial assessments include questions on DSGBV. The Social Inclusion Office has a huge remit including addiction, homelessness, intercultural health, and Traveller, Roma and LGBTI health. They are updating the *HSE's (2012) Practice Guide on Domestic, Sexual and Gender Based Violence for staff working with children and families*, which directs staff to perform a risk assessment on any family where there may be domestic violence detected. While the updated guide does not provide a standardised risk assessment framework, it does provide a list of danger indicators and key questions to help determine the level of risk (HSE, 2018), and includes a section on Intercultural issues.
- An Garda Síochána** introduced four divisional protection services units ([DPSUs](#)) divisions as a pilot programme to directly address crimes against women and children, i.e. sexual crimes, human trafficking, child abuse and domestic abuse; They plan to expand DPSUs to the remaining 25 Garda divisions in 2018. According to a review of Pillar 3 of the *Second National Action Plan on Women, Peace and Security 2015-2018* Gardaí are being trained to engage with migrant and refugee women to ensure that they are aware of their rights, and to become aware of issues that may affect women from conflict and fragile states, including FGM, forced marriage, sexual exploitation and trafficking (Hinds & Donnelly, 2017); The new [Garda Síochána Domestic Abuse Intervention Policy](#) 2017 has a section on Diversity.
- Majira Peer Educators Project** – The Irish Family Planning Association (IFPA) initiated a [project](#) in 2009 to improve the sexual and reproductive health of asylum seekers and refugees living in Ireland because of challenges they faced accessing services e.g. communication, discrimination, GBV, cultural differences and personal autonomy restrictions. Together with AkiDwA, the IFPA developed a programme to inform women seeking asylum of available services and raise awareness among service providers of the barriers experienced by women seeking asylum. The project was funded by the European Refugee Fund. Peer training was provided to 29 women seeking asylum and a [good practice handbook](#) produced (IFPA, 2010). This is potentially a good model to address migrant women's lack of knowledge of available DSGBV laws and services.

Since 2014, the HSE's National Social Inclusion Office funds a FGM clinic in the IFPA and funds AkiDwA to carry out the information and awareness raising referenced above.

4.2 Trafficking

Migrant women and children in Ireland make up between 83% – 97% of people engaged with prostitution (Nasc, 2018). In 2016 there were 95 suspected victims of human trafficking (Anti-Human Trafficking Unit DJE, 2017), and of 311 victims detected by or reported to police between 2012 and 2016, the majority were subjected to sexual exploitation (n=200) and were primarily from other EU member states (n=121). Ireland has now opted into the Anti-Trafficking Directive and Victims' Rights Directive (Immigrant Council of Ireland (ICI), 2017). The Second National Action Plan to Prevent and Combat Human Trafficking in Ireland' (2016) commits the government to engaging with NGOs for the purpose of awareness raising and project development, and its [Blue Blindfold](#) site acts as a hub for reporting trafficking, accessing services and training resources.

The HSE provides support to victims of trafficking and connects them with medical services through its Anti Human Trafficking Team, as well as through funding other organisations such as [Ruhama](#). [A recent report](#) by the ICI (2017) (part of the TRACKS project on the special needs of asylum seeking victims of trafficking) found that support and advice offered by the HSE's Trafficking Team was helpful. While the police were criticised for failing to provide updated information on their cases, the women interviewed found interactions with police officers and interpreters positive¹³, there was always at least one female police officer present and care was taken to maintain their privacy in DP centres.

Women who have been trafficked from outside the EU can be granted a 'recovery and reflection' 60-day period but if they decide not to cooperate with the police investigation they remain in the asylum system living on € 21.60 per week with very limited access to work and education. If they cooperate, they are granted a renewable temporary six-month permit which allows them to access support, work, education and accommodation. A range of support and assistance measures available to victims of trafficking during this time are outlined in guidelines provided by the Department of Justice and Equality's Anti Human Trafficking Unit (AHTU). Yonkova & Kirwan (2018) suggest that despite a range of legal and policy initiatives, there is still substantial work to be done, and resources required, to deal with the extent of trafficking nationally and internationally. They argue for greater attention to awareness raising and education among the general population. The Irish government made a number of commitments in the Second National Action Plan to Prevent and Combat Human Trafficking in Ireland (2016). They also introduced the Criminal Law (Sexual Offences) Act 2017 which makes it illegal to purchase sex, although this provision has raised concern among sexual health professionals and the Sex Workers' Alliance. Continuing concerns are that victims of trafficking are often housed in mixed Direct Provision Centres. Emerging issues include exploitative sham marriages and reintegration challenges ([ICI, 2017](#)).

¹³ See HSE (2012) Lost in Translation? Good Practice Guidelines for HSE Staff in Planning, Managing and Assuring Quality Translations for Health Related Material into Other Language'. Dublin:HSE Social Inclusion Unit.

4.3 FGM

It is estimated that 5,277 women and girls living in Ireland have experienced FGM (Van Baelen et al., 2016), and that up to 1,632 girls may be at risk (EIGE, 2015). Following campaigns by NGOs like AkiDwa, the Criminal Justice (Female Genital Mutilation) Act was introduced in 2012, making it illegal to practice or attempt to practice FGM. The HSE National Social Inclusion Office funded an updated guide for health care professionals on FGM (Bansal et al., 2013) and funds a weekly FGM clinic in the Irish Family Planning Association (IFPA). The clinic offers free medical and psychological support, and outreaches to DP centres. The HSE also continues to support [AkiDwa](#) in its information and awareness raising work on FGM and sexual health. The human rights based AFTER project (Against FGM/C through Empowerment and Rejection) uses methodologies from other countries e.g. Kenya where the practice of FGM/C has been reduced. With support from the EU's Rights, Equality and Citizenship programme it is being introduced in five European countries. [ActionAid](#) has just completed a pilot programme in Cork City that was attended by 100 migrant women, men and girls living in three DP centres.

5. Learning

While the challenges facing service providers in Ireland are nowhere near on the scale of those facing Greece, the evidence shows that the number of women, including migrant women, accessing Irish DSGBV services continues to rise, and that minority women are overrepresented within these services. We also face some similar issues in practice, including the challenges of interdepartmental and interagency cooperation and adequate access to interpretation and intercultural mediation. Our government seems committed to dealing with intercultural awareness issues, although in practice frontline staff often seek further support and information. Ireland now has a [Migrant Integration Strategy](#) (Department of Justice and Equality, 2017) which spells out actions applicable to all Government departments including provision of information for migrants in multiple languages and intercultural awareness training for frontline staff, although the DP system for asylum seekers, which militates against integration, continues to cause concern (Ní Raghallaigh, Foreman et al., 2016). Ongoing training and awareness raising of staff in reception centres, which are primarily privately run, is needed to recognise, address and support victims of violence in the asylum system.

6. Conclusions and Recommendations

There have been welcome developments in Irish policy in that we now have a 2nd national strategy, new Domestic Violence legislation pending and increased training, awareness and recognition of the complexity of DSGBV. However, the need for affordable, accessible housing is at all-time high, and legal barriers such as the Habitual Residence Condition remain in place ([Safe Ireland, 2016](#)). [The Women in Migration Network \(2017\)](#) argue that women in migration are not necessarily "vulnerable" and in need of "rescue" but we need to focus on policies on protecting their rights. If we are to truly meet the Istanbul Convention's four pillars of prevention, protection, prosecution and monitoring we need to recognise that it is often immigration policies that create the contexts of exclusion that put women at risk and make them vulnerable.

Bearing this in mind, we need to:

- Develop innovative ways to increase migrant women's knowledge of their rights, and entitlements and access to existing support services;
- Commit to fully resourcing, on an ongoing basis, frontline DSGBV services to the levels of services required in the Istanbul Convention;
- Introduce a Domestic Violence Concession to the Habitual Residence Condition;
- Increase provision of emergency and long-term housing accommodation;
- Provide ongoing training to meet the needs of all State and NGO service providers – the new 'training for trainers' pack being developed by the HSE's National Social Inclusion Office takes a rights based approach and will emphasise how health care workers can recognise, respond and refer women in need;
- Facilitate better cooperation across government departments and between agencies.

Properly supported, resourced and trained, the existing network of State and NGO DSGBV services should meet the needs of migrant women affected by DSGBV.

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