

INSTITUTIONALISED INFANTILISATION AND STATE SUBJUGATION: STATE CONTROL OF THE MUNDANE IN AN ENVIRONMENT OF UNCERTAINTY

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HEALTH AND GENDER EQUITY IN AN AGE OF GLOBAL CRISIS

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INTRODUCTION



Rooms

The rooms are small. If you were living on the 1st, 2nd or 3rd floor you'll be able to hear the people living on top of you.

If you have a lot of things you'll have to put them in your room and you won't be able to move because you don't have room. If you don't need some stuff they put it in a store room. You have to be careful just in case someone takes your stuff. You not even a lot of electric supplies that you need. If you have one and they find it in your room they'll take it. In the room there's cockroaches. The rooms floor's are dirty, very dirty.

OVERVIEW

- Introduction of Direct Provision;
- Criticisms of it;
 - what we can learn from criticisms;
- The current argument for its continuation;
 - Shortcomings of this argument;
- Institutionalisation
 - Why we describe this as 'living in terror'
- Gendered and health consequences for individuals and society (basis of future divisions)

THE SYSTEM OF DIRECT PROVISION WAS INTRODUCED BECAUSE...

- Increasing number of migrants seeking asylum in Ireland from the mid- to late-1990s
- Mostly living in Dublin while awaiting decisions on their application for refugee status
 - Problems with accommodation encountered and
 - Heightened inter-community tensions evident
- Move by state to discourage asylum seekers or at the very least to decrease 'pull factors' – 'asylum-shopping'
- Direct Provision and Dispersal system piloted in late 1990s and formally introduced in 2000
 - Provision of shared hostel accommodation and a small financial weekly allowance: €19.10 (£15.00) per adult and €9.60 (£7.50) per child while applications were being processed
- Argument put forward that time spent in Direct Provision would be short - six months

CONDITIONS OF LIVING IN DIRECT PROVISION

- No right to work
- No right to attend full time education
- Not entitled to social welfare
- Excluded from access to social housing
- No right to travel outside of the state without the permission of the Minister for Justice
- Required to stay at the centres to which they have been allocated a **bed**
 - if for any reason they are absent from their allocated center for three nights the **BED** is considered available
- More specific rules apply to each centre, including:
 - Set meal times
 - Requirement to 'sign-in' and 'sign-out' for residents and their visitors
 - Prohibition on eating in rooms
 - Visitors only by prior arrangement and agreement of management
 - Free access to room by maintenance/management

CRITICISED SINCE ITS FORMATION IN 2000

- Warning that Direct Provision and dispersal would lead to marginalisation of an already vulnerable group of people (Fanning and MacEinri 1999)
- '...the practice of dispersing asylum seekers developed in an *ad hoc* manner and the experience to date has been largely negative'. (IRC 2001: 4)
- Has been pointed out that accomodation in Direct Provision Centres specifically acted *as a deterrant* to people seeking asylum in Ireland
- 'This wholly inadequate level of State support for asylum seekers is insufficient to cater for their needs - legal, social and cultural - and aggravates an already stressful and anxious situation (IRC 2001: 4-5)

CRITICISMS OF DIRECT PROVISION ..

- 'The experience of dispersed asylum seekers living in Direct Provision is well documented and generally the picture is one of social exclusion, poverty and hopelessness'. (FLAC 2003: 6)
- Failure to respect people's rights (FLAC 2009)
- A judge in N.Ireland refused to return asylum seekers to the Republic because of the conditions in which they would be forced to live in Direct Provision

LIFE IN DIRECT PROVISION ...

- Complaints about quality and variety of food
- Limited consideration of cultural/religious/ethnic factors
- Unsuitable food offered to children and babies
- Indications that health of residents have deteriorated because of diet (Nasc 2007)
 - 'my son ... has serious health issues... He can't eat rice, he can't eat some of the food he gets in the kitchen, and I don't have the money to buy him anything. The last time the nurse came she was, like "this boy is not in good condition"' (Nasc 2007:24)

LIFE IN DIRECT PROVISION ...

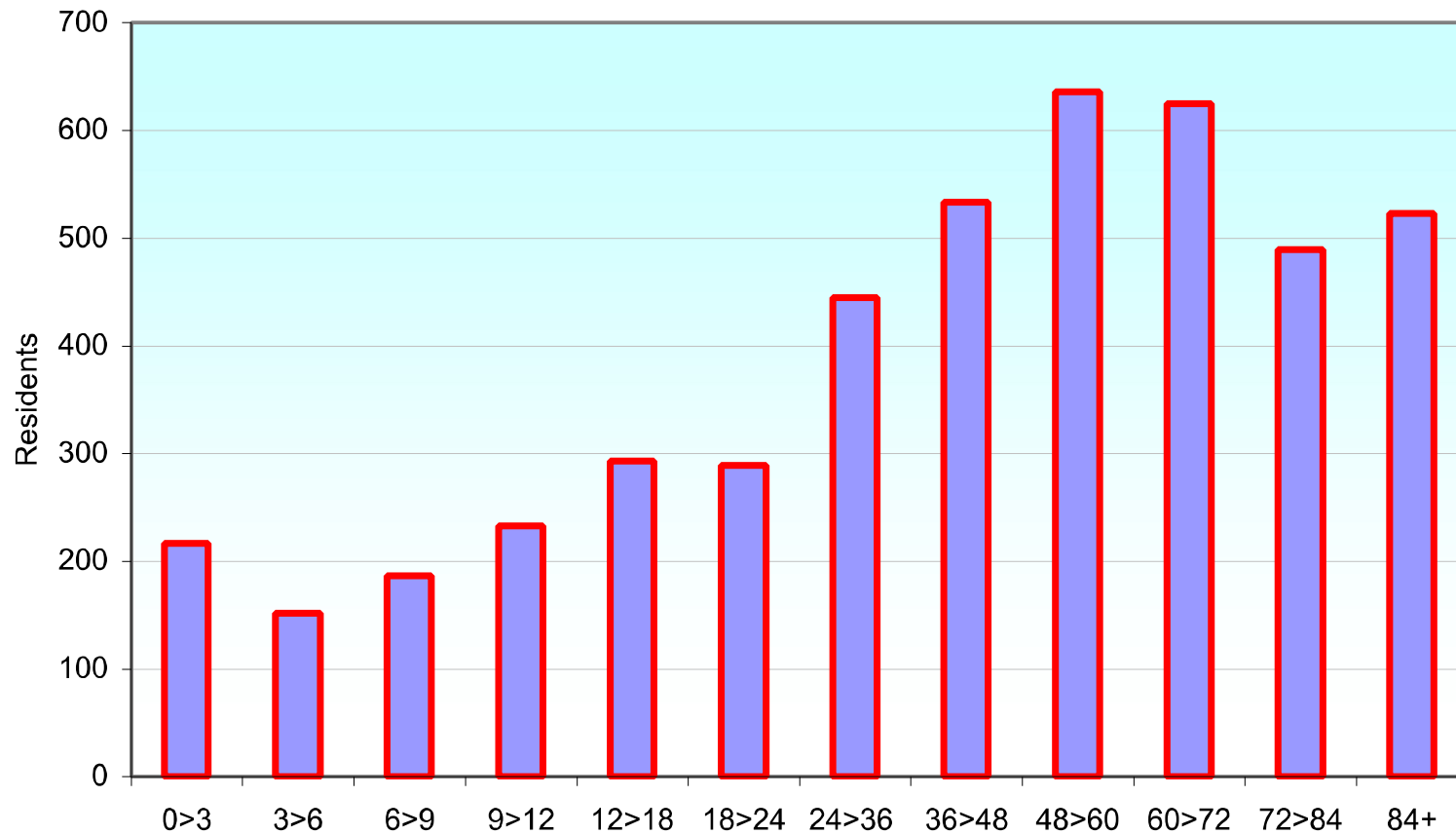
- Room sharing connected to serious impacts on people's health and well being
 - Difficulties in sleeping
 - Language and communication
 - Overcrowding
 - Lack of privacy in general (Nasc 2007)
- Access to transport from centres to towns, cities, schools...

LIFE IN DIRECT PROVISION ...

- Tensions among different religious / ethnic groups accentuated by shared private and public spaces
- Emily O'Reilly 2013: following an investigation into conditions relating to woman and her children's experiences on the asylum system in Ireland stated that she was
 - 'struck immediately by the **almost universal acceptance that these arrangements [direct provision] are damaging to the health, welfare and life-chances of those who must endure them**'.

DURATION OF STAY IN DIRECT PROVISION (RIA 2013)

Duration of Stay by Applicants in Direct Provision - June 2013



AND ... PEOPLE SPEND LONG PERIODS OF TIME LIVING IN THESE CONDITIONS

- The most recent figures show that more than 66% of asylum seekers have been in DP for more than three years, 36% for more than five years, and, as of April 2012, there were 272 people (more than 5%) with more than seven years in DP. (O'Reilly 2013)

Glenvera Hotel Daily Register **lego**

Month - October 2013 Date [redacted]

Residents must sign everyday - this register is sent to Dublin and C.W.O. If you are not using your accommodation centre on a consistent basis you will forfeit your bed space

Name	Signature	Witnessed By	Post
[redacted]	[redacted]	[redacted]	letter. letter.
[redacted]	[redacted]	[redacted]	letter.
[redacted]	[redacted]	[redacted]	letter letter.
[redacted]	[redacted]	[redacted]	letter.
[redacted]	[redacted]	[redacted]	letter.

FROM THESE CRITICISMS AND STATISTICS, WE KNOW THAT:

- Direct Provision and Dispersal is a key contributor to and has caused:
 - Serious mental and physical health deterioration in people seeking asylum
 - Fails to recognise people's most basic social, cultural, gender, ethnic, and religious needs
 - Enforces penal conditions on people over long periods of time
 - Couples this with continual uncertainty, boredom and fear
 - Systematically isolates those seeking asylum
 - Enforces institutionalisation and powerlessness
- Represents a state imposed system of marginalisation and subjugation

GOVERNMENT ARGUMENT FOR ITS CONTINUATION IS ECONOMIC

- The following is a quotation from the current Minister for Justice Equality and Defense in response to a communication from Ethical Development Action on conditions pertaining to Direct Provision:
- 'A key finding in the report [Value for Money Report, RIA 2010] is that there are no cheaper alternatives to the direct provision system. In fact, if we were operating a system which facilitated asylum seekers in living independent lives in individual housing with social welfare support and payments, the cost to the exchequer would be double what is currently paid under the direct provision system, even discounting the additional 'pull factor' which this could entail' (Shatter, 2011).

INSTITUTIONALISATION

- Goffman first identified elements of what he termed 'total institutions' in 1961. these include
 - 'the handling of many human needs by the bureaucratic organization of whole blocks of people ... is the key fact of total institutions' (1961:18)
- Leading to social divisions and distance among staff and inmates
 - Staff coming to feel 'superior and righteous'
 - Inmates 'tending to feel weak, blameworthy and guilty' (p.18)
- Key processes of institutionalisation include admission systems that are mortifying to the person, placing barriers between inmates and the outside world, dispossession of roles, prohibition/control over visitors, control/removal of possessions.
- **These elements are all evident in the process of seeking asylum in Ireland and becoming an inmate of Direct Provision**

INSTITUTIONAL INFANTALISATION - THE STATE AND THE MUNDANE

- Parents are unable to perform ordinary daily activities
- 1352 Women, 2309 men (RIA June 2013)
- Of the men, 10 are Lone Parent fathers, 299 married and 1190 single
- Of these women, 598 Lone Parent mothers, 311 married, 421 single
 - Lone Parents: 300 – 1 child, 176 – 2 children; 86 – 3 children, 41 – 4 children and 8. >=5 children
- Questions arise regarding intersection with roles and identity
- State imposing Increased trauma and poor welfare
- Barriers are placed between residents and the outside world
- Control over visits and movement

WOMEN LIVING IN DIRECT PROVISION

- Women report:
 - feeling vulnerable and unsafe
 - Have little control of decision making within centres
 - Are unable to cater for themselves or their children
 - Are sexually targeted/harasses from within and outside of centres
 - Contend their multiple roles are not recognised and catered for
 - Causing increased stress and poor mental health
 - Link conditions to increases in domestic violence
 - Highlight intersection of this with inability to engage in normalised gender relations – ie a couple taking time out to go to dinner/a film
 - 'sometimes men are affected more ... they are frustrated that they can't provide for their families' (AkiDwA 2010: 13)
 - Link conditions to their own poor health, that of their children and their partners
 - Highlight stress associated with uncertainty and powerlessness
 - At least as a prisoner you know when you are getting out – not when you are an asylum seeker' (AkiDwA 2010: 12)

TERROR?

- Typical Definitions:
 - Terror (Collins) Very great fear, panic or dread
 - Terrorise(Collins) to control or force somebody to do something by violence fear or threats
 - Terror (OED) Intense fear or dread
 - Terror (Wordnet) An overwhelming feeling of fear and anxiety
 - Terror (Merriam-Webster) Violent or destructive acts committed in order to intimidate a population; a cause of anxiety
- So, typical words that are used to define 'Terror' are:
 - **Anxiety**
 - **Intimidation**
 - **Fear**
 - **Threat**

WHY DO WE SAY 'LIVING IN TERROR'?

- Words that are used by people living in Direct Provision and others to describe lives in Direct Provision
 - Anxiety
 - “Rates of depression and **anxiety** among the town’s asylum-seekers were ‘much higher’ when compared to native locals (AkiDwa)
 - “Asylum-seekers are three times more likely to be assigned a diagnosis of **anxiety** (Amnesty International)
 - Fear
 - “**fear** of being labeled a trouble-maker”
 - “**fear** of deportation”
 - “**fear** of jeopardising your case”
 - “**fear** of being transferred (due to complaints made, or mistakes committed)”
 - “..experiences of past traumas and **fears** for the future”
 - “I **feared** sharing the room with her”
 - “You are always in **fear** of the consequences, with a feeling of lack of control, hope or drive in your life”

WHY DO WE SAY 'LIVING IN TERROR'?

- Words that are used ...
 - Intimidation
 - "The residents had expressed a number of concerns ranging from **intimidation** from the management to the provision of non-nutritional foods" (Irish Refugee Council)
 - Threat
 - "...some centre staff use the fear of deportation as a **threat** to intimidate residents
 - "Asylum-seekers and volunteers have alleged that staff of accommodation centres have **threatened** to move them to other accommodation centres if they asserted their right by complaining about the conditions in the centres. As well as causing disruption to asylum-seekers having to continually integrate into different areas, they must also change or school if they are children
 - "... parents are often too **afraid** to complain due to **feared** repercussions in terms of their accommodation (**threat** of transfer from managers) or impact on their case for protection or leave to remain"
- These descriptions reflect the lived experiences of the enforced institutionalization of Direct Provision

THE GOVERNMENT'S ECONOMIC ARGUMENT IS SHORT SIGHTED AND LIMITED

- It does not take into account:
 - the systematic marginalisation and social exclusion of people
 - The wide range gendered consequences of this
 - Domestic violence
 - Facilitation of sexualisation/harassment of women and girls
 - Inability to care for and provide for oneself and one's family
 - The health consequences
 - High levels of trauma
 - Poor mental health and welfare
 - Limited social interaction and isolation

GENDERED AND HEALTH CONSEQUENCES FOR THE INDIVIDUAL AND FOR SOCIETY

- Negatively impacting on roles as mothers, lack of privacy, little attention to particular issues facing women and men, girls and boys as they live in oppressive conditions
 - Disproportionate impact on women who are more likely to live have responsibility for children
 - Social isolation and distance from community disproportionately impacting on women
- No recognition of the power dynamics of Direct Provision public space and its intersection with gendered power relations
- Limited private facilities placing onus on individuals to negotiate their lives in public of Direct Provision
- Control of critical facets of identity inhibits identity development, alternative identities, engagement with identity
- Is this the manifestation of a NEWLY FORMING MARGINALISED SOCIAL GROUP OF WOMEN, MEN, GIRLS AND BOYS?