

## Article

# Carceralities and Approved Gender Violence: The Case of Direct Provision in Ireland

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**Abstract:** In this article, we argue that Direct Provision in Ireland is a state approved form of gendered carcerality which creates and exacerbates conditions of gendered violence. Direct Provision is a system of processing asylum seekers in Ireland where they are temporarily provided accommodation while they wait for a decision on their refugee status claim. This article shows how carceral practices are layered and gendered, making some spaces and bodies more carceral than others. These carceralities increase the institutional burden which agglomerates in human bodies and makes the lives of an already precarious population unliveable. Through a review of the strategies adopted by the government in relation to migrants, undocumented workers and asylum seekers, this article shows how the gendered experiences of certain asylum seekers like mothers and sexual violence survivors become the political site where state approved carceral practices and gendered violence merge.

**Keywords:** direct provision; Ireland; asylum seekers; carceralities



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## 1. Introduction

Direct Provision (DP) is a system of processing asylum seekers in Ireland where they are temporarily provided accommodation while they wait for a decision on their refugee status claim [1]<sup>1</sup>. Started in 2000 as a temporary solution, it forces asylum seekers to stay in shared accommodation in carceral conditions, with a limited right to work or ability to cook their own food for years [2]. These DP centres are often located far away from, or at the extremities of towns and centres. People are forced to share rooms with strangers, often with no common language or cultural background. While asylum applications might take even decades to be processed, people are forced to live in these conditions, with meals that are less in quantity, not nutritious, or both. Children living in DP centres have limited educational opportunities—schools are often far away from these locations and parents do not have the means to support them. With no clear directives about baby foods or sanitary products or contraceptives, thousands of people continue to live in breach of their basic human rights [3]. In 2019, the United Nations High Commissioner for Refugees (UNHCR) said long stays in Direct Provision impeded asylum-seekers from integrating properly into Irish society<sup>2</sup>.

The system of Direct Provision was established based on Ministerial Circulars and administrative decisions and has no legislative mandate [4]. According to the Department of Integration, there are currently 20,140 people living in Direct Provision [5]. This number has almost doubled in a year, up from 10,447 people on 27 March 2022 [6]. There are currently 46 Direct Provision accommodation centres and 79 emergency or pre-reception centres around the country. Though the system was meant to be abolished by 2022, in reality, the number of DP centres has tripled over the past five years [7]<sup>3</sup>. Some of these are run by the state, while others are contracted out to private companies. For the first 18 years following the introduction of the Direct Provision system in 2000, asylum seekers were not allowed to work. In 2018, people who had not had a decision regarding their application within nine months were given the right to seek employment. That timeframe was reduced

to six months in 2021. While residents in accommodation centres are entitled to free meals and a medical card, daily expense allowances are just EUR 38.80 per week for adults, and EUR 29.80 per child [8].

Government records, available up until 2017, show that since the first contracts with private companies to maintain DP centres were signed in 2000, the total bill for the 17 years amounts to EUR 1.1 bn, with one family business receiving almost EUR 140 m from the State [9]<sup>4</sup>. However, living conditions have been criticised by the residents themselves, activists, government officials, as well as international human rights agencies<sup>5</sup>. As Lentin [11] recently pointed out:

“A breakdown of annual spending shows that DP costs have increased significantly since 2019. The increased costs largely stem from the need to provide emergency hotel and bed and breakfast accommodation at EUR 100 per bed per day (as opposed to EUR 35 per bed per day in DP centres) because existing DP centres are at capacity, following a rise in asylum applications in 2019. In 2020 alone, emergency accommodation cost EUR 45 m [12]. This for-profit DP regime arguably constitutes Ireland’s ‘asylum industrial complex’” [11]

The NGO-ization of the asylum regime in Ireland has been systematically analysed by asylum seekers and experts [2,11,13,14] and it is one of the central pillars on which the racialization of the DP system takes place. The needs of the labour market and the need for migrant labour have forced the Irish government to accept migrants from racially, socially and culturally diverse spaces. But this has also seen a concurrent rise in xenophobia, increasing anti migrant protests and attacks on migrants in recent years<sup>6</sup>. The history of the coercive confinement of vulnerable populations and asylum systems outside of public spaces in Ireland goes back a long way [15]. From psychiatric facilities to Magdalene homes for unwed mothers, the gendered nature of this history is well documented. The religious, nationalist and ethnic notions of who and what constitutes the Irish state and society have fed into the creation of the carceral DP system as well. The failure of the government to address the severe housing crisis in Ireland, also a result of state encouraged profiteering in the housing sector, has led to rising resentment against migrants in general and asylum seekers specifically.

The state of illegality or the status of illegality of asylum seekers are being commodified systematically using the state mechanism. This commodification ensures the continuation of their state of deportability [16,17] on the one hand, and also a historically unforeseen willingness from the Irish state to accept asylum seekers into the State. This has led to the creation of the asylum industrial complex under the pretence of the Direct Provision system, and as we show in the next segment through the use of the concept of carceral layers; its penal nature is evident from the relationship created between the space of the DP centres and the bodies of the asylum seekers. We ask: how does the Direct Provision system manifest and create gendered carceral spaces?

## 2. Theoretical Approach to the Carceral Space, Layers and Bodies

The term ‘carceral’ refers to prison, and the origin of the word can be traced way back to ancient Rome [18]. The French philosopher Michel Foucault [19] in his well-known book *Discipline and Punish*, first published in 1977, brought the term to wide use in research. He also stated that the carceral system is not only related to prison but travels through society and blurs the boundaries between confinement, punishment and institutions of discipline. Carceral practices are widespread in modern society, even to the extent that researchers talk about carceral age [18,20]. This carcerality has spread out from the prison to, for example, institutions of care [21–27] and to practices concerning immigrants and refugees [20,28–31].

For Moran et al. [18], the carceral is a combination of three conditions: detriment, intention and spatiality. In simplified terms, people are kept intentionally in a space which causes them harm. The actual experience, as well as intent to cause harm, are variable. For example, people in immigrant detention are not punished intentionally per se, but may feel the exclusion from society and the precarity as punishment [18]. The idea of intentionality

resonates also with the concept of violence, which could be used to describe especially those practices that are not related to intentional punishment, but which can be seen as carceral because of their restricting, controlling and harm-doing qualities [32]. Furthermore, violence can be seen as relational and place related, embedded within power relations [31].

The carceral is achieved through spatiality, meaning that the carceral is always related to some kind of space, whether it is a prison, care facility, detention centre, city or suburb [18]. As space can be seen as relational, see, e.g., [33], similarly carceral spaces can be seen as relational: those spaces which are not prisons may be so controlled, secured and restricted that they feel like prisons, e.g., [2], these spaces can also be called ‘quasi-carceral’ if all the carceral conditions are not fulfilled [25,28,34]. The relationality of carceral spaces does not mean that any space can be carceral. Carceral spaces encompass certain logics that allow to hold and to control specific populations [35,36], which can be seen as a risk to society. The idea resonates also with carceral humanitarianism, which aims to foster vulnerable populations but ends up keeping them spatially and structurally confined with multiple institutional, racialized and gendered practices [37]. Humanitarianism can be related to laws, morality, ethics and the need to help [38]. Nevertheless, humanitarianism is strongly related to feelings, such as compassion and empathy, and thus, it is shaped by racialized ideas and histories, which influence who is worthy of the empathy and compassion [39]. Furthermore, carceral humanitarianism relates to both physical structures (camps, detention centres, etc.) but also to practices of “enforced protection” [37], (p.112). The logic of carceral humanitarianism is related to the fact that people who are forced to move are contained in spaces and positions which make moving on in their lives impossible [37]. Carceral geographers [35,40] have noted that spaces of care can easily transfer to spaces of control due to, for example, external laws or inside practices. Carceral humanitarianism also combines care and control when aiming to rescue the asylum seekers while confining them [41].

We use the concept of carceral layers to emphasize the layered ontology of the carceral and to detect the means behind carceral actions and carceral humanitarianism. Carceral spaces are not homogenic, but consist of different layers related to power relations, regime and spatio-temporalities [24]. The layers may be implemented by the state, a group of people or by individuals. Because the layers may overlap, it makes them challenging to identify. Thinking of carceral spaces as layered opens up the possibility to examine the carceralities from various viewpoints (see Figure 1).

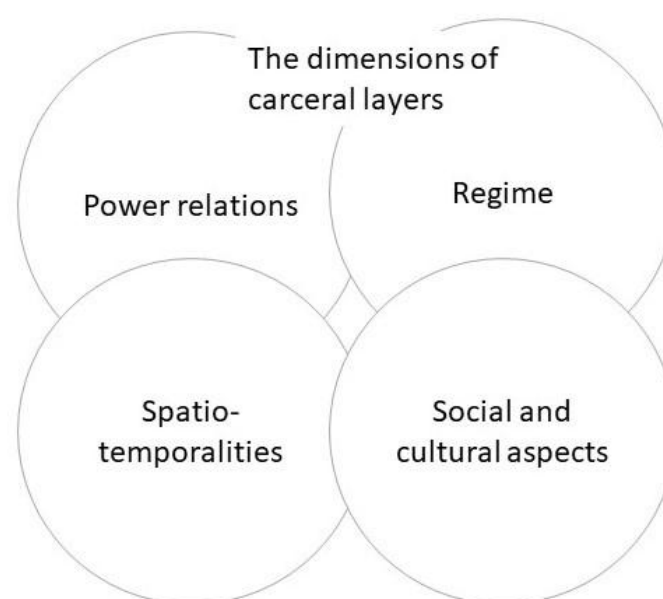


Figure 1. The dimensions of carceral layers (Chakraborty & Repo, 2024).

Power relations are distinct in the case of closed institutions, for example between prisoners and guards or patients and nurses. However, the power relations have influence way beyond the institutions [19]—from surveillance to social work. Power relations are embedded in the interactions between people and authorities and further the people and the state. Most prominently, these relations can be seen between authorities and those who are not able to hang on to their rights.

Regime refers to laws, regulations and practices. The law itself has a significant role in enabling carceral practices and regulations that may allow carceral practices. Regime as a carceral layer refers directly to the state-based violence and to those laws and directives that either allow or create carceral spaces, as in the case of Direct Provision, e.g., [2]. Carceral practices may also develop out of indifference and carelessness [24,25]. Loughnan [30] (p. 11) writes about ‘zones of neglect’, where carceralities emerge out of lack of treatment and neglect.

Spatio-temporalities concerning carceral layers means that the layers may accumulate in time and space making some spaces more carceral than others [24]. Some carceral practices may evolve with time eventually becoming normalized practices [24]. Although legal processes tend to take time, sometimes regulations need to change quickly (like in the case of pandemics), which may cause, for example, spaces of care to turn into carceral spaces and increase the amount of carceral layers [21].

Nevertheless, carceral layers can in many cases also be seen outside of closed institutions when, for example, gender, age or race increase the amount of carceral layers for some people. Schliehe [27] suggests that feminist carceral geography would help to understand the special gender-related issues, such as body image, pregnancy and childbirth. Feminist thinking regarding closed spaces challenges authoritative structures and how things are written, read and heard. In order to include gender-, age-, and race-sensitive viewpoints in our study, we want to add social and cultural aspects as a one layer. This layer contains marginalization, social exclusion and discrimination which are related to social and cultural aspects. Carceral layers increase inequality and make some people more vulnerable to carceral practices than others, e.g., [42]. Furthermore, carceral layers may accumulate in human bodies [42], creating traumas caused by carceral practices. For example, he carceral layers can be seen concretely in the power relations between asylum seekers and authorities. Many of these actions are justified by the regime. In addition, asylum seekers are kept in specific spaces which may cause harm to them and lastly, social exclusion and discrimination create yet another layer. All these layers cause detriment to people.

In carceral spaces, human bodies are exposed to control and surveillance, which have an effect on everyday life [35]. The idea of ‘docile bodies’ [19] where bodies are controlled with timetables, spatial solutions, routines and restricting mobility is one of the foundational aspects in Foucault’s work concerning the origin of carceral systems. The bodies can be marked, stigmatized and identified with numbers and classifications, e.g., [35]. The bodily effects of the confinement may remain long after the actual confinement, e.g., [43]. However, the confined bodies are also used as a way of resistance, as in the case of asylum seekers’ hunger strikes in Ireland [29]. However, Foucault’s work has been criticized for not taking gender into account. The female body can be seen as a target of extended disciplinary power and urging to be more docile than the male body [44].

Migration-related detention has increased in the Global North immensely, creating a set of variable carceral spaces [45]. In line with our argument here on the carcerality of DP centres, Loyal [46] also shows them as Goffman’s “total institutions” [47], and Lentin and Moreo [17] as sites of deportability, cf. [16]. Ronit Lentin [48] has extensively theorized the Direct Provision system as the current embodiment of Ireland as ‘two parallel carceral states, where the prison industrial complex has historically incarcerated one in every hundred people in the Republic and administratively detained political prisoners in the north’. Using the term “coercive confinement” Lentin [11] describes the centres as zones of nonbeing [49] (p. 8) that are above all spaces of violence and racialization [50–52]<sup>7</sup>. We un-

derstand race here as “a technology for the management of human difference, the main goal of which is the production, reproduction and maintenance of white supremacy” [54] (p. 5).

### 3. Method

Discourses are not only social practices, but they serve social intentions, for example, in exercising power [55]. CDA aims to reveal contradictions between discourses and how these discourses make things seem reasonable and unchallenged [56]. CDA helps to reveal hidden carceralities that emerge from unquestioned rules and regulations. While CDA has been criticized for being vague in relation to concepts and especially related to social theory, it is yet a good tool to reveal how the society works [57]. As Wodak and Cillia [58] rightly pointed out,

“CDA focuses on processes of inclusion and exclusion, of access to relevant domains of our societies. Moreover, CDA emphasizes the need for interdisciplinary work in order to gain a proper understanding of how language functions in, for example, constituting and transmitting knowledge, organizing social institutions, or exercising power.”

The main purpose of CDA is to study social phenomena rather than linguistics per se, thus it is also concerned with application, not only analysing the text [59]. CDA also has the potential to unravel hegemonic power and inequality [60] and furthermore, intends to advocate interventions to the policies and practices it studies [6]. In this article, we have used CDA as a methodological tool, in order to understand how the Irish government’s policies in the last 20 years have led to the construction of the asylum industrial complex in this country. Cummings, de Haan and Seferiadis [61] have provided one of the most practical and empirically elaborate ways of using CDA for policy analysis. They suggest two ways of using CDA: either for addressing a social issue or for exploring a social issue, adapted from transdisciplinary CDA proposed by Fairclough [62]<sup>8</sup> Since CDA specially focuses on unpacking the discursive reproduction of power abuse such as racism and sexism [63], and exposes how power and dominance are reproduced in texts [55] it serves as the perfect tool for the purposes of this research.

For this analysis, we have collected government and non-governmental policy reports, and reports from the migrant organisations AkiDwa, the Irish Refugee Council and the Irish Immigration Council through purposive sampling. Along with analysis of policy and legal documents, secondary literature is used to provide space to the voices of those living in Direct Provision and their actual lived experiences. Anonymised and unsolicited diaries, essays and anonymous interviews already available in various public online spaces and accounts from social workers working at these DP centres have been extensively studied in order to analyse the effect of these policies on actual lives and lived conditions. We have used one case study as an examples in each section, and the residents remain unnamed in order to protect their identity.

As a methodological decision, we used interviews of Direct Provision residents already published in Irish newspapers, online blogs and by resistant activist spaces like MASI. We acknowledge that using purely documental data has some challenges. For example, the documents are written without our intervention, see [11], which influences the content of the data. It is also useful to keep in mind to whom the documents and texts are written for [64]. We are also aware that the data is already edited by the writer. Hence, we have used criticism when analysing the source texts, meaning that we have kept in mind the purpose of the written text and who has written them.

However, using secondary data was to prevent further intrusion into the lives of asylum seekers, and also to prevent further harm from any risk of exposing their identity and risking their refugee applications. We had ethical reasons for choosing to use only those firsthand accounts that are publicly available, rather than to contact asylum seekers that are already stressed and traumatized by their experience of living in Direct Provision in order to recount their trauma. This decision was made both from our firm belief that no research is worth retraumatizing a vulnerable person, and from the methodological



approach in which we use these accounts as examples of the issues we elaborate on and that have been documented by other researchers, although in different contexts.

This method enables us to bring together the state decisions, the cracks in laws meant for a very specific racial imagination of the Irish population, and the lived carceral cruelty of those laws in praxis. The next section will show these lived experiences through the prism of carceralities and analyse the racial discourse on which it is based in Ireland.

#### 4. Gendered Asylum, Gendered Bodies

What does it mean when we look at DP through a gendered lens then? In an already vulnerable group, women, children, and sexual minorities inhabiting the DP accommodation centres face risks of further interpersonal violence, traumatising and continued vulnerability, for years in some cases. While Ireland introduced a law against coercive control in 2018, it does not come to the rescue of these persons, often made to share rooms with non-family members. Sally Hayden's book [65] on migrants and their journeys to Europe lays bare the risks migrants face long after they reach Europe from their traffickers, as well as extended families still in their native countries. While theorizing on the role of affects, feelings and emotions on migrant experiences, Alinejad and Olivierri [66] discuss the importance of transnational communication. In the absence of any physical participation in Irish society and inability to form a social circle, this communication becomes even more crucial for DP residents. While these transnational bonds are hard to maintain for DP residents, they are also their connection to their cultural and kinship bonds in an otherwise isolated, carceral existence, enabled by the carceral layers of power and regime. The carceral nature of DP centres manifest this othering in multiple gendered ways, with dire implications for some of the most vulnerable, like young mothers, victims of trafficking or abuse, and those at risk of facing reproductive violence under state care. Women's bodies can be seen as special targets of disciplinary power [44] and even in carceral conditions there are certain expectations of how women should act and appear [67]. Thus, the carceral layers agglomerate in some cases especially to gendered spaces and bodies. The layered ontology of the carceral also enables some spaces to be more carceral than others. Thus, the accommodation centres of Direct Provision can be seen as carceral "hot spots" causing inequalities, violence and detriment for the most vulnerable people.

##### 4.1. Experiences of Motherhood

The cultural specificities around what constitutes motherhood have been extensively examined by feminist scholars [68,69]. Reynolds and Urel's [70] research on kin work has shed light on the importance of women's culture and care work across public and private boundaries, and how the link between 'race', racialisation and motherhood encourages particular kinds of mothering practices. When seeking refuge in another country as a mother, these different cultural manifestations can lead to helplessness, inability, depression and sense of alienation. Many asylum seekers are forced to leave their children behind and are unable to fulfil their role as parents according to their cultural understandings in the DP centres. In his asylum diary, Vukasin mentions a woman with a new born baby who does not come out of her room for weeks. Similar descriptions by Dalikeni [2] point to unattended mental health issues among residents. The specific needs of women for such illnesses as postnatal depression, when not treated in time, can be fatal. Quite similarly, as Sufrin [71] describes mass incarceration as reproductive injustice, the DP centres disrupt motherhood as well as reproduction while maintaining the idea of normal and recommendable motherhood. Thus, the reproduction of some social groups is seen as a social problem. The idea resonates with carceral logics which allow carceral practices to be used for a certain population.

In a letter that caused indignation and a national debate on migrant rights, the Ombudsman for Children, Dr Niall Muldoon, criticised the uninhabitable conditions of the City West hotel, one of the primary locations where asylum seekers were placed. He pointed out that while Ukrainian refugees were moved out of there within 24 h, asylum seekers from

other countries were made to “stay for two to three weeks and sometimes longer” [72]. Here we can see an example of social and cultural aspects as one carceral layer. There were only 16 showers in Citywest, where 800 were living in “a space designed for a maximum of 350 people” (ibid). The Ombudsman raised concern over the consequences of regular far right anti-immigration protests near one of the asylum centres on the mental health of child asylum seekers and the state’s failure to protect their rights.

Schools are often one of the few agencies providing support services to refugee children, but as research by Martin et al. [4] shows, the relationship of primary schools with asylum seeking mothers is often ambiguous in their attempts at advocacy and surveillance, as they are expected to facilitate integration, while at the same time dealing with the uncertainty facing asylum-seeking parents and children. In reality, this often leads to the generation of feelings of inadequacy in the parents as their inadequate English language skills, their inability to help their children with their educational goals, and the lack of support systems exacerbate the problems over time.

Mothers desperate to provide basic needs to their children have been reported by AkiDwa to have been forced into prostitution [73]. Women asylum seekers are often approached by men living in DP centres with them as a go-between. One such asylum seeker reported in 2019,

“He knew I had kids and told me you’ll make money and be supporting your children. When I told him I wasn’t interested he asked, ‘why are you refusing this opportunity, don’t you know how to have sex?’ I told him I have sex, but I need to have feelings to do it.” (ibid)

The example shows the subordinate status of women asylum seekers. The unequal accumulation of carceral layers enables seeing women as property that can be bought or utilized by male asylum seekers. The situation of women, who have already been in a vulnerable position in relation to men, continue to get worse on the one hand because of the poverty created by the carceral system and secondly as their alleged responsibility as the carer of their children.

#### 4.2. Experiences of Sexual Violence

Concerns about the safety of the residents have been raised repeatedly over the years, with regular reports of domestic violence and sexual violence. *Tight Spaces*, a report published in 2022 by the Irish Refugee Council and created by young persons living in Direct Provision, has raised concerns about sharing rooms with strangers and feeling unsafe. Jo, a 21-year-old living in DP, said, “I was sharing with someone way older than me, from a different nation and a different religion, who was a bully to me...for 3 months”. There have been similar reports of teenagers made to share rooms with unknown older men and the debilitating stress such a lack of privacy and exposure creates [74]. Such living conditions also put them at a higher risk of sexual abuse. The neglect of a child’s needs, arising in some cases as a direct result of conditions in the child’s Direct Provision centres of residence, is considered a risk factor for organised child sexual exploitation [3]. The rise of domestic violence during COVID-19 also saw a heightened report of such cases from the DP centres. Following reports of a rape in a shared accommodation and the survivor being moved from that location to another shared accommodation, John Lannon, CEO of Doras, a migrant rights organisation in Ireland said, “People fleeing harm should not be exposed to further harm when they arrive here in Ireland. The lack of own-door accommodation in congregated Direct Provision centres creates conditions for perpetrators of sexual assault or of human trafficking—acts of sexual violence—to operate” [75].

This has been particularly a reason for concern when it comes to trafficking victims. The EU Anti-Trafficking Directive<sup>9</sup> requires that the assistance to victims of trafficking be gender-sensitive, where appropriate. Directive 2012/29/EU of the European Parliament and of the Council establishing minimum standards on the rights, supports and protection of victims of crime<sup>10</sup>, which Ireland opted into, highlights the need for services as a ‘minimum’ to develop and provide:

(a) Shelters and any other appropriate interim accommodation for victims in need of a safe place due to an imminent risk of secondary and repeat victimisation, of intimidation and of retaliation;

(b) Targeted and integrated support for victims with specific needs, such as victims of sexual violence, victims of gender-based violence and victims of violence in close relationships, including trauma support and counselling.

Living in shared rooms with no privacy, no access to phones or opportunity to make phone calls privately has meant that sexual violence survivors in these centres often have no recourse to ways of seeking help and cause additional trauma [76]. Research by the migrants' organisation AkiDwa [77] more than a decade ago reported instances of sexual harassment by centre managers towards female residents; often it is the centre managers to whom residents are supposed to report issues. This lack of a transparent mechanism to deal with such issues shows a clear apathy on the part of the government.

The residing of trafficking and sexual violence survivors in such conditions is thus in clear violation of these EU directives. While there is only one women-only centre, separating survivors within a mixed DP centre can further exacerbate their vulnerability and trauma. Amanda Keane from the migrant rights organisation Ruhama reported [78],

"One woman we worked with was placed in a room separate to other people. Groups of men would come to her room, put pornographic images under her door and try to get her to perform sexual acts. It was because she was isolated and already vulnerable, she was an easy target." In an even more alarming development, both the Immigration Council of Ireland and Ruhama have reported survivors who have gone missing from the DP centres and suspected to have been trafficked into prostitution (*ibid*).

In case of sexual violence, carceral layers can clearly be seen firstly because uneven power relations, secondly the situation that enables the violence is based on regime, thirdly, the events of violence have spatial meaning. They are committed because of the spatial arrangements. In addition, the people may have to live in DP for protracted periods of time, which exposes them to bullying and violence and further to mental health problems.

#### 4.3. Access to Reproductive Health

Access to abortion was legalised in Ireland only in 2018. Prior to this, if women needed an abortion, they would have to either access it illegally or travel to Northern Ireland. This process was impossible for asylum seekers who needed an expensive UK visa to be able to travel to Northern Ireland. The case of Y ascertains the extremities of such a situation:

As non-EU citizens they need different documentation that allows them entry into the UK and re-entry into Ireland. The consequences of this situation are reflected in the case of Ms Y, a teenage asylum seeker who was gang raped in her home country and became pregnant as a result. She could not leave the country for an abortion because of her legal status and was forced to carry the pregnancy until a C-section could be performed, being force-fed when she went on a hunger strike and was not listened to by the medical professionals who acknowledged that she was suicidal but did not recognise that as a solid ground for getting an abortion [79]. The example illustrates the agglomeration of carceral layers in gendered bodies. The rape can be seen as an ultimate example for distorted power relations. Yet, she could not decide about her body because of the regime. Furthermore, the force feeding and forced c-section are not only carceral practices targeted to her body but also state approved violence. Yet, the example shows that the body is used also as a form of resistance via hunger strike [see also 29].

Post legalization of abortion services, constraints continue to remain for this section of the population. The high costs of contraceptives and inability to access medical information in any language other than English continue to remain some of the significant barriers for women's reproductive health in DP centres. During the pandemic, the Irish government responded to rising cases of domestic violence with the launch of a website [stillhere.ie](http://stillhere.ie). Despite the growing diverse migrant population in Ireland, and particularly the lack of familial and kinship support networks for migrant survivors, this website was only



available in English. Carceral spaces are designed to keep some populations in, but they also define who is included [80]. The lack of information in their own language can be seen as a carceral layer related to social and cultural aspects through the exclusion of services, information and further, society.

Though we do not have exact figures on women living in DP, we know that migrant women represent 39 per cent of the deaths caused by a lack of adequate care and so-called “medical misadventures” during pregnancy and crisis pregnancy in Ireland [81]. In case of a failed abortion procedure past 12 weeks, doctors advise women to travel to Belfast in order to have a surgical procedure. This is an impossible option for women in DP because of visa restrictions, thus exposing them to unsafe illegal abortions within Ireland, or an unsafe illegal trip to Belfast at the risk of deportation.

According to a human rights analysis report prepared by the University of Galway [3], None of the 18 centres accommodating families with children reviewed indicated that sanitary products are provided to residents. This results in serious forms of period poverty among the menstruating residents.

Asylum seekers were also expected to request contraceptives from the service providers at these centres (ibid). This is a breach of these persons’ ‘right to respect of private and family life’, as pointed out by the report. It would deter adolescents from seeking contraception, and thus put them at a higher risk of STDs and unplanned pregnancies, making their situation further precarious.

Loughnan [30] states that spaces of confinement—even those aimed to care—use practices that too often transform to violence through neglect. These carceral zones of neglect have the potential to develop into necrositic without proper care and support. In terms of carceral layers, this means that some people have power over others to neglect their needs. Furthermore, not being able to travel confines women to a space without proper services.

#### 4.4. Experiences of/Lack of Mental Health Care

Mental health practitioners have been raising their concerns on the state of access to health care, and specifically mental health care for DP residents for years. Specifically, in the light of the carceral living conditions, it is of little surprise that reports indicate that as many as 90 percent of asylum seekers suffer from depression and are also five times more likely than Irish citizens to be diagnosed with a psychiatric illness [15]. Given the carceral nature of this asylum industrial complex created by the Irish state, it is of little surprise that between 2002 and 2014 at least 72 people seeking asylum (16 of whom were under the age of five) died (or took their own lives) in the DP system under state care [11].

The carceral practices of keeping strict vigilance on the residents, the practice of signing in and out whenever they go out, create a sense of imprisonment and also adversely affect their ability to socialize and integrate in this new country. *Tight Spaces* [82] reports the following from 18 year old Ada: “There are a lot of conditions attached to it (Direct Provision). It’s hard because you are living in a hostel where no visitors are allowed, even if you have friends no one can visit you”. Strict control of who can enter the space is carcerality at its most prominent form. The alienation from the society has been used as a punitive measure since the birth of the prison system, e.g., [19].

The Edmund Rice Schools Trust has been reported that the living conditions in Direct Provision can have a very negative impact on children’s resilience [3]. Additionally, personnel working with asylum seekers are not adequately trained in working with vulnerable people. The lack of competence easily transforms practices of care into control or even carceral practices [24]. People who do not have shared cultural capital in Irish society and are more vulnerable to control and coercion are thus exposed to a first interaction with the Irish governmental system and society that is fraught with trauma and frustration, and often furthers their sense of alienation. Mediated exposure to Irish society and mental health issues faced by a whole generation of children growing up in Direct Provision ensure the transgenerational continuation of this sense of alienation.

## 5. Conclusions

Through a review of the strategies adopted by the government in relation to migrants, undocumented workers and asylum seekers, this paper showed how the bodies of migrant survivors become the location where the politics of the state, citizenship, violence and carceralities come to a fore. The bodies of certain asylum seekers like mothers and domestic violence survivors become not only a political site but also the intersection of linguistic, cultural and ideological representations and misrepresentations.

In order to address the needs of refugees and asylum seekers, this ad hoc, profit-led temporary solution has to be stopped immediately. The White Paper on Ending Direct Provision by 2024 [8] must be implemented as a priority. We agree with the Roundtable's [83] suggestion that most of the needs of refugees are very similar to those on which Irish society is already facing major challenges, e.g., housing, healthcare, education, public transport, employment and childcare. The government must invest in improving infrastructure and services which benefit all, and encourage awareness-raising among hosting communities, including at the educational level. Appropriate accommodation must be provided for women, children and other vulnerable asylum seekers—many of whom are arriving with prior exposure to trauma, violence and loss and the practice of putting them in DP centres is not only inhuman, but also increases their suffering. The carceralities start to layer in peoples' lives, from the beginning of refugee journey until the practices of Direct Provision. Thus, the layers vary from the practices of illegal actors to the rules and regulations of the state, which enable the formation of carceralities concerning the migrants. The paradox of carceral humanitarianism is in its aim to care for and securitize the lives of people, but it ends up controlling and causing overlapping carceral layers to those that it is supposed to foster. It is not uncommon that care practices turn into carceral practices over time and become normalized, e.g., [24]. It is most important to recognize these detrimental practices to improve the living conditions of the people living in DP.

Carceral layers accumulate in peoples' lives causing precarity and vulnerability. Power relations between asylum seekers expose women to sexual violence. These inequalities are possible because people are kept in the same spaces. Furthermore, the accessibility of abortion is denied by the regime. In addition, social and cultural aspects and gender add yet another carceral layer to immigrant women, who are excluded from society and unable to rely on their social networks. These spaces cause detriment to people who are already in a vulnerable position, which makes these spaces and practices especially brutal. Especially female migrant bodies are focused on several rules and carceral layers that cause traumas that may follow them long after their confinement. Furthermore, these traumas may become transgenerational.

The ultimate aim of the carceral asylum seeking process is to continue and maintain white majoritarianism and supremacy in Irish society. In its present form, Irish society is unable to meet the needs of such a diverse population, and only makes visible the continued failure of the state to provide essential services to its people.

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## Notes

- <sup>1</sup> The term “Ireland” as used in this article refers to the Republic of Ireland, although “Ireland” consists of two states: the Republic of Ireland and the Northern Ireland statelet.
- <sup>2</sup> The detailed commentary is available here: <https://www.unhcr.org/ie/sites/en-ie/files/legacy-pdf/5ddc043e4.pdf> (accessed on 25 May 2023).
- <sup>3</sup> Detailed information on the different types of accommodation along with county-wise allocation is available here: <https://asylumineurope.org/reports/country/republic-ireland/reception-conditions/housing/types-accommodation/> (accessed on 1 July 2023).
- <sup>4</sup> Between 2000 and 2019 DP centres have accommodated 64,594 people [10].
- <sup>5</sup> In 2019, United Nations High Commissioner for Refugees (UNHCR) said long stays in direct provision impeded asylum-seekers from integrating properly into Irish society. The detailed commentary is available here: <https://www.unhcr.org/ie/sites/en-ie/files/legacy-pdf/5ddc043e4.pdf> (accessed on 14 June 2023).
- <sup>6</sup> For more on this, see the 2022 Report on Racism in Ireland by INAR <https://inar.ie/reportsofracism2022/>. In 2022 alone, the number of hate crimes for each quarter in Ireland were 71, 164, 160, and 115, respectively. Among these, anti-race and anti-sexual orientation made up for the biggest motives, followed by anti-nationality, anti-colour and anti-ethnicity motives for hate crimes and hate-related incidents, according to An Garda Síochána. For more details, see <https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2023/march/an-garda-siochana-2022-hate-crime-data-and-related-discriminatory-motives.html> (accessed on 12 September 2023).
- <sup>7</sup> Ireland has a long history of coercive confinement of people. For more on this, see [53].
- <sup>8</sup> ‘The first phase involves the selection of a research topic that relates to a social question that can be productively approached by a focus on language and, specifically, texts. The second phase involves the identification of a suitable text as well as an analysis of pre-existing discourses in the policy or academic literature. Once an appropriate text has been identified, the text is analysed. The third phase considers how the text has been developed and how this relates to the discourses identified. For example, which actors were involved in developing the policy and how this relates to the discourses. The fourth phase is based on the identification of possible ways past the obstacles or problems identified by the use of discourses, narratives and arguments.’ Cummings, de Haan and Seferiadis (2020) [61].
- <sup>9</sup> Directive 2011/36/EU of the European Parliament and of the Council of 5 April 2011 on preventing and combating trafficking in human beings and protecting, available at: <https://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2011:101:0001:0011:EN:PDF> (accessed on 1 September 2023). The Reception Conditions Directive identifies a range of vulnerable categories of applicants, which are relevant to the housing issue of trafficked, sexually exploited women. Among these vulnerable categories are pregnant women, single parents with minor children and victims of trafficking (Article 21, Directive 2013/33/EU).
- <sup>10</sup> Available at: <https://eurlex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2012:315:0057:0073:EN:PDF> (accessed on 20 August 2023).

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