

## **Report of issues raised at CEDAW consultation**

**Atrium, Department of Justice and Equality, 51 St. Stephen's Green**

**Tuesday 19 July 2016, 09:45-15:45**

106 people registered to attend the meeting; 73 participants attended. The consultation was chaired by Carol Baxter. Minister of State David Stanton addressed participants briefly before the coffee break and thanked them for their time and insights.

Following a brief introduction in which the format, context and ground rules were set out, the meeting was opened to the floor for participants to make points on the 25 question-clusters in the CEDAW List of Issues and the State's circulated draft responses document. Printed copies of the List of Issues and the State's draft responses were available in printed format.

To allow all participants the opportunity to speak on topics, a 10-minute time limit was imposed on each question cluster and topics were addressed in the order of the CEDAW Committee's List of Issues. Further points were harvested from 6 flipcharts left around the room for participants to record additional comments, and have been included in the relevant sections. Comments sent in by email after the event have also been included.

Issues addressed were as follows:

### **General**

- Building not accessible enough; questions should be on the screen and panel should have nameplates.
- Acoustics in the Atrium are poor.
- Venue is too warm.
- Consultation to date on CEDAW has been poor; this is the first opportunity to engage.
- Nowhere to sit down for lunch.
- Participants should have badges.
- No use of I.T.; wifi should be available.
- It would have been useful to have the questions on the big screen, not just in hard copy.

### **Question cluster 1: statistical information**

- National Programme for Social Inclusion should be reflected in the Report.
- Table 7 needs more comparative data to enable an analysis to be drawn compared with men.

- Paragraph 9, page 10: the employment rate rather than a participation rate should be used to enable direct comparisons with men.
- Paragraph 15, page 14: the data presented from the Equality Tribunal and Workplace Relations Commission show primarily the numbers of cases referred or heard. The key indicator is the outcome of such cases. Until we are presented with data on whether women are winning their cases, we cannot assume that the referral of cases is a positive.
- Table 26 shows that half of the Supreme Court judges are women. We should highlight positive examples like this. The first CEDAW meeting was chaired by Justice Annie Ruth Jigge, the first woman High Court judge in Ghana.

### **Question cluster 2: awareness of rights under the Convention; gender discrimination cases**

- Very little proactive dissemination of women's issues; what steps are actively taken to ensure that people are aware of their rights?
- The Workplace Relations Commission is very new and very private, and not transparent in cases relating to gender. Under the new regime, decisions are not published.
- Data collection needs to be improved; response in draft document is generic and does not specifically detail how data collection will be improved.
- The State appointed an adjudication panel under the Construction Contracts Act 2013 which comprises 30 men and no women. Gender was initially included as a consideration in the first Panel information booklet but was excluded in a second booklet for the same competition.
- We need better data collection for the self-employed sector; if more information were available, the State could make better decisions.
- With regard to data, where will information be available for future access, so that we can measure progress?

### **Question cluster 3: reservations**

- Query as to how women are treated more favourably than men in certain situations as per the basis of Ireland's reservation.
- More detail needed in the State response to make the position clearer for the Committee.
- In the past, women in Ireland did not have rights to their own children. Now, unmarried fathers have to apply for guardianship of their own children.
- Women who have lost their children through psychiatric diagnosis have no right to redress. Irish women still continue to run the risk of losing their children by denial of their Legal Capacity, through psychiatric diagnosis or being labelled with addictions.
- Policy of Decongregation is being rolled out without acknowledging and providing for specific needs for minority of very complex cases. No state policy and funding has been agreed for individualised solutions for intellectual disability based on assessed needs.

## **Question cluster 4: constitutional, legislative and institutional framework**

### Constitutional and legislative framework

- There is no clear definition of discrimination; the State should elaborate on what it defines as discrimination and should elaborate on intersectionality in its report.
- Dualist state; we need to incorporate Conventions into our domestic legislation.
- The constitutions of sports bodies should feature clauses against racism and discrimination, particularly against Travellers and women.

### Review of Article 41.2 of the Constitution

- Objection to changing this Article which highlights the value of women in the home. The Committee's call for the repeal of this Article is outdated and itself constitutes discrimination against women who work full-time in the home. Article has been incorrectly interpreted by the Committee as stereotypical and discriminatory. The Article does not discriminate against women working in the home, but recognises the critical importance of their work.
- Call instead for changes in law and policy in Ireland to enable women to be free to choose to work full-time in the home for as long as they see fit, in line with Article 41.2 of the Constitution of Ireland.
- When is a referendum on amending this Article likely to be scheduled?

### IHREC

- More detail is needed on this section and how it will strengthen protection of the groups listed. Response is too general.
- UN Committee on Economic, Social and Cultural Rights was concerned at IHREC's limited enforcement mandate. Need to explain the two definitions of human rights in founding legislation.

### Public sector duty

- HSE staff receive no human rights training; huge culture change and training required for staff particularly in respect of those dealing with individuals in the emotional health and intellectual disability areas.
- Requirement for voice of lived experience of human rights abuse issues to be heard and involved in planning, designing training and implementing the legislation has not been addressed.
- Steering Committee set up by Health Service Executive again without women with lived experience being invited to participate.

### Constitutional provision on the right to life of the unborn

- What will be the process involved with the Citizens' Assembly? How will the Citizens' Assembly be rolled out, and how will it be human rights compliant?
- What resources will be provided to the Citizens' Assembly?
- There have been 15 reports by the Government on termination of pregnancy in the last 20 years; do we need a 16<sup>th</sup>? Insufficient information in paragraph 47. The Assembly is just a discussion, not a referendum; it does not guarantee change. Different issues should not be fused together.
- Objection to the widening of abortion legislation.
- No steps are being taken to amend the constitution.
- Very little mention in draft response of a referendum to repeal the eighth amendment.
- Is there a date for the referendum?
- Paragraph 47 says the Assembly will review 'the right to life of the unborn' – this is not the language used in the Programme for Government. The State response should use the wording in the Programme for Government.

### Mental health

- The Review of the Mental Health Act (2002) did not in any meaningful way hear the voice of women with lived experience particularly in respect of deprivation of liberty and forced treatment. 1 man was appointed to represent the views of all service users/individuals /survivors/family members/carers, who was provided with no direction, funding mechanism or access to professional services to engage with anyone, including women survivors. Oral testimony for the latter stages of the Bill, including the Advance Directive provisions, which were tagged on at a later stage, was not heard from survivors, despite women survivors making compelling written submissions.
- In respect of proposed legislation 'Equality/Disability (Miscellaneous Provisions) Bill', the voice of lived experience especially around Deprivation of Liberty issue has not been heard at the drafting stage of this Bill.

### Question cluster 5: access to justice

- Equality in relation to provision of services is unclear; in other areas, commissions allow access to the Labour Court as a public forum, but with equality issues, they go straight on to the Circuit Court, which has cost implications.
- Victims of domestic violence have to make contributions to legal aid; this acts as a barrier to access to justice. Barring orders should not be dependent on financial means and ability to pay.

## Magdalen laundries

- The Report of Committee Chairperson Martin McAleese to enquire into the treatment of women in Magdalen Laundries is based on data provided by religious Congregations. A number of the same Congregations were unable to provide complete information to the earlier enquiry: *The Commission to Inquire into Child Abuse (2009)*.
- Access to justice – the statute of limitations should be amended to allow for exceptions for victims of institutional abuses; it has been possible to extend the statute of limitations in other jurisdictions where it was seen to be in the best interest of justice.
- The scheme for providing health and community care to women outside Ireland is welcome; the Department did a good job in obtaining health insurance for a woman in the US in lieu of the health and community care entitlement, but the scheme has not been rolled out fully yet. When will it be available for all, and how will it be advertised? Must bear in mind the age of the women and their poor state of health overall.
- Justice Quirke recommended that survivors would receive services equivalent to those provided to holders of the HAA card. The Department promised to establish a fund to provide access to complementary therapies. What is the status of this arrangement? Is the fund in place? If not, when will it be put in place? What services will be provided?
- Issue with the dedicated unit established within the Department, which was not originally intended as a payments processing unit, but was also meant to assist women in meeting each other, meeting members of religious orders, acquire/administer a memorial, and provide investigative and other help to women in obtaining housing and educational benefits. When will this happen? Report should state what the unit was established to do, as well as what it has done. The Department should seek applications and input from the women regarding how they could be supported to meet each other.
- The draft report makes no mention of a memorial. The Department should consider the immediate need for the preservation of the contents of the Donnybrook Madgalen Laundry building and take appropriate steps.
- Some promises with regard to the provision of education have not been fulfilled.
- At the time of the State apology, some €66m was allocated, but only €23m has been spent.
- The Assisted Decision-Making (Capacity) Act applies to approximately 40 women, some of whom are institutionalised, who were deemed to lack capacity to apply to the Scheme and whose applications will not be processed until after the commencement of the Act.. These women should be provided with independent personal advocates through the ex-gratia scheme. The Department should also connect these women with the national Advocacy Service and/or SAGE.
- Request for information on a further investigation; rejects the State response, which relies on 118 interviews by the Interdepartmental Committee and claims that as there is no evidence of systematic abuse, there will be no new investigation. Concern that being locked in and forced to work is not considered systematic mistreatment. Chapter 19 of the IDC report (paragraphs

51,52,55,57, 58, 69-71) demonstrate that the women and girls were not free to leave the institutions. It is clear in chapter 20 that wages were not paid and chapter 19, paragraph 37 is evidence that they were forced constantly to work. Chapter 19 also outlines experiences of physical punishment. Much of this treatment was outlawed at that time by the common law crimes of false imprisonment, assault and/or battery.

- Even in the absence of individual criminal complaints, the State is obliged to investigate suspected torture or cruel, inhuman or degrading treatment, servitude or forced labour, or arbitrary detention, and to ensure effective remedies where such treatment is found to have occurred,
- Use of word “credible” in the draft response is offensive, as it implies that the women were not to be believed. Should be amended.
- Ongoing human rights violations include lack of access to records which informed the IDC’s report, which are, now held in the Department of the Taoiseach. The State response must clarify this situation. Evidence has been lost, destroyed or sent abroad. The IDC report and records released under FOI demonstrate that the IDC intended to make its archive available to the public as a resource for further research. The Department of Justice and Equality transferred the materials to the Department of An Taoiseach for this purpose.
- Mandate of the interdepartmental committee was only to ascertain what the State’s responsibility was; the mandate has been misused to block an investigation.
- The only thing that needed to be proven in the Magdalen Scheme was the length of stay, if there was documentary evidence, yet large numbers remain unreported. Women had to find their own records. Reluctance to allow women to give their own oral evidence.
- Despite reporting the number of burial plots belonging to each laundry. The IDC did not identify their whereabouts or the women who died in the Magdalen Laundries. The IDC reported that in 2010, the Sisters of Our Lady of Charity were at ‘an advanced stage in making arrangements for the full and accurate details relating to these women... to be recorded in Glasnevin Cemetery’, only 10 new names have been added to the High Park gravestones in Glasnevin, with no changes in the past 12 months.

#### Assisted Decision-Making (Capacity) Act 2015

- Article 15 of the Assisted Decision-Making Capacity Act actually restricts legal capacity, which is still denied to women who do not comply with their psychiatric plans.
- Women do not have the right to mental health advance directives.
- Many women with psychiatric issues cannot work on high doses of medication.
- Legal Capacity not recognised in Law (Department of Justice reference a presumption of capacity, however this does not equate to a legal guarantee that Legal Capacity will be respected especially with provision for functional capacity assessment in the legislation)
- No Irish citizen has the right to make an Advance Healthcare Directive that will be legally binding in the context of Mental Health. This means not all citizens treated equally and is fundamentally discriminatory.

### Independent Advocacy/Complaints Mechanism

- No adequate independent complaint mechanism, no specific Ombudsperson to hear complaints. Instead complaints to general ombudsman which in turn are referred back to Psychiatrist involved for comment. Complaints made to Psychiatry and Mental Health Professionals are frequently recorded as 'symptom of mental illness'.
- Irish Advocacy Network (IAN) currently does not engage meaningfully with, represent or advocate for many survivors of psychiatric abuse. No statutory state funded model of peer support.

### Coercion in community-based Services

- No right to redress regarding the use coercion in community services.

### Mental Health Commission/Mental Health Tribunals

- Statutory Funding needs to increase to allow meaningful engagement with civil society, hear the voice of lived experience of psychiatric coercion, build up capacity of survivors to partake in Mental Health Tribunals, contribute to training of Tribunal Members etc. No remit in law to question clinical treatment decisions.
- Individuals denied right to second psychiatrist opinion of their choice or legal representation of their choice. No statutory peer support, only state appointed solicitor.
- No training of Tribunal members in approaches that respect Human Rights (Open Dialogue, Hearing Voices) and currently no training/input from the voice of lived experience of coercion.
- Only 9% of Detention Orders were revoked by Tribunals in 2015.
- Tribunals can only affirm/revoke orders, cannot make recommendations regarding requirement to respect/uphold human rights or challenge clinical decisions.
- Transcript of hearing in hard copy should be provided to individual

### Mental Health Act 2001

- Since implementation in 2007, the Act has been interpreted consistently in a 'paternalistic' manner.
- As in the case of the Magdalen Laundries 'the statute of limitations should be amended to allow for exceptions for victims of 'psychiatric abuses.
- Any Irish Citizen or Asylum Seeker, presenting in a voluntary capacity can also be detained against their expressed wishes if they disagree with diagnosis or treatment. Informed Consent is frequently neither obtained nor documented, nor the information provided on side effects of drugs to make an informed choice.

## **Question cluster 6: Commission of Investigation into Mother and Baby Homes**

- The draft response does not cover Traveller women.
- The use of a lower case 't' instead of a capital T for Traveller in the Committee's List of Issues is offensive.
- As well as race, religion, Traveller identity and disability, class should be included as one of the grounds in this question. Race should not be used as a ground.
- Given the State's failure to establish an independent inquiry into allegation of abuse in the Magdalen Laundries and the linkages between the laundries and institutions such as the Mother and Baby Homes and County Homes, the Commission should include the Magdalen Laundries under its investigative remit.
- The Commission is investigating 18 institutions, but we have 176 institutions, including maternity hospitals and adoption agencies; most are not being investigated. All 176 should be brought within the remit
- The Commission can make a request to expand its investigation but the Government has the capacity to broaden the terms of reference.
- Need for public hearings; request for a public hearing on systemic issues was rejected. The public should have access to any evidence that is being considered. This should be included in the State response to CEDAW.
- Access to evidence should be possible where the evidence is not sensitive. But section 11 of the Commissions of Investigation Act says that evidence should remain private, on threat of imprisonment. What does this mean? Does it mean that people cannot speak about their experiences in public without breaching section 11, and that journalists who give evidence may not publish about it? The Commission will not clarify or comment. The Government could amend the section 11 exclusion. This should be clarified in the State response.
- People should have access to their own data.
- Does the original budget still stand?
- A forum called Caranua was set up for survivors and has been in place for 2-3 years. In the last year, survivors have been saying that they are being increasingly turned down when trying to access funding. In 2014, Minister Varadkar said that any money not drawn down could be used for the children's hospital; this is not appropriate, as it is intended for the victims of the mother and baby homes.
- The elephant in the room with questions 5, 6 and 7 is the role of the church; what measures are being taken to separate church and State in healthcare and education?
- There are huge parallels between these survivors and people who have suffered psychiatric abuse. Given potential linkages between deprivation of liberty, historical psychiatric abuse and potentially women forced to give up their children and/or possibly work in Magdalen Laundries, request that the Commission should include investigation into role of possible psychiatric abuse in the women's lives.



### **Question cluster 7: symphysiotomy**

- The draft State response does not make reference to or reply to the Chair of the Human Rights Committee's comments at the last ICCPR examination.
- The Chair said that the State has a habit of throwing money at issues to make them go away instead of investigating the issue.
- A full independent inquiry is needed.
- The waiver of rights in the compensation scheme should be mentioned. This is in violation of international law.
- Ex gratia schemes view giving money as a gift, not as compensation.
- There is a reluctance to carry out investigations that would expose liability. Survivors need to be able to go to court.
- The State has failed to provide any information on the measures taken to investigate the practice of symphysiotomy, or to identify, prosecute and punish the perpetrators. There has been no inquiry other than the Walsh Report, which was the result of a flawed process that lacked independence and impartiality.
- The State has also failed to provide any information on other remedies to survivors, who have been denied an effective remedy, as is their right under international human rights treaties. No evidential basis exists for many of the claims made in the State party's draft reply to the issues raised: inaccuracies abound.
- No evidential basis exists for the claim that symphysiotomy was done in less than 0.5 percent of deliveries. There was *no* requirement to produce clinical reports or statistics between 1940 and 1985 and none of the maternity units in Ireland did so.
- The vaunted independence of the Wash Report is at variance with the process employed by the Department of Health: the report's (highly restrictive) terms of reference were drawn up in consultation with the Institute of Obstetricians and Gynaecologists, some of whose members carried out these operations. The Institute also advised on the choice of researcher.
- The Murphy Report based itself on the Walsh Report: its independence is therefore no greater.
- The claim that a high number of these surgeries were carried out with patient consent on the basis that they were 'elective' is disingenuous. 'Elective' is a medical term of art, meaning 'planned', 'scheduled' or 'non-emergency': it does *not* mean the operation was chosen by the patient. To further suggest that symphysiotomy was often done in an emergency is contradictory.
- Annual clinical reports sent by the Dublin maternity hospitals to the Department of Health contain details of symphysiotomies performed on minors, who, during this period, were deemed 'infants at law' until they reached 21 years of age.
- It is inaccurate to refer to the existence of three support groups.
- The claim that the Government payment scheme was non-adversarial is belied by the unfairness with which it was administered. The further claim that the scheme 'also gets

around the problems of lack of access to clinical records and the situation where the doctors concerned have died' is patently untrue. The scheme routinely demanded clinical records that in many cases went back over half a century as proof of disability. As such records were almost always unobtainable, this requirement was a cost-saver that significantly reduced the number of claimants eligible for the disability payment (50,000euro).

- It should be noted that this scheme, unlike the Magdalen Scheme, required women to discontinue legal proceedings against private as well as public entities.
- There has been no apology from the Government for the wrongfulness of symphysiotomy.
- The claimed health and social services listed as being provided to survivors of symphysiotomy are largely illusory, as cutbacks in recent years have impacted very heavily; services are entirely discretionary and have largely atrophied. Home assessments by occupational therapists or physiotherapists are unknown, as is fast-tracked follow-up care; the provision of physiotherapy and home help is almost non-existent for some years; home modifications are unknown; and some of the Symphysiotomy Liaison Officers are no longer in post.

#### **Question cluster 8: national machinery for the advancement of women**

- Are women in Direct Provision included in the groupings of women?
- The Committee asked about the challenges encountered in implementation, but the draft text does not mention the challenges; the response is sparse. Figures are disingenuous – mentions the narrowing of the gender pay gap over the reporting period but does not mention that the gap has widened again.
- There should be a narrative about the impact of austerity and the disproportionate impact on women.
- A new national action plan is needed, setting out how it will impact groups such as Traveller women, Roma women, etc.
- Need more detail on gender budgeting.
- Gender-proofing is inappropriate/inadequate.
- With regard to gender impact analysis as part of both poverty and social impact assessments, is there any commitment to act on evidence found?
- We need poverty and social impact assessments; the cuts had a negative impact on older people and on low income parents.
- There is no mention in this section of specific steps to include migrant women.
- Transgender women should be included in this section.
- Question about the staffing level in the Gender Equality unit of the Department since 2005; has it gone up or down?
- What happened to the Unit working on the NDP Scheme?

- Difficult to transition from human rights ideals, to aspiration, to policy and then to delivery. At local level, there is no understanding of what human rights mean. If there are no resources available to train staff, then it is only aspirational. Under SICAP (Social Inclusion and Community Activation Programme), there was no dedicated category for disadvantaged women or women over 55. After considerable campaigning, they produced an aspirational set of recommendations, but no dedicated funding to address the huge impact of austerity on women.
- Drop in teen pregnancy mentioned in paragraph 77; is this rate increasing again?
- There are still issues about access to contraception.
- Legal clarity is needed on the age of consent, including the right to medical treatment.
- There has been no consultation to date on the National Women's Strategy; have Travellers been excluded from this? (*Chair clarified that the consultation on the National Women's Strategy will take place in October/November 2016*).
- Follow up needed to ensure all public sector budgets are proofed for human rights and Equality issues
- Structure of social welfare payments/supports/poor childcare provision/cost mitigates against women pursuing further education, returning or advancing in the workplace
- A quota is required in the public sector to encourage hiring of staff who have been labelled with 'mental illness' diagnoses, along with specific programmes to challenge discrimination/bullying arising because of psychiatric labelling.
- Specific programmes needed to build up selfhood , self confidence and self esteem of girls, teens and women alike
- More flexible working arrangements needed in public sector, e.g. flexi time, term time, reduced hours to facilitate child-rearing .
- Need to prioritise programmes that do not pathologise distress around body image, abusing food, alcohol, drugs etc. Policy and services need to be designed to see women in terms of their strengths not perceived 'deficits'.

#### **Question cluster 9: temporary special measures**

- Statistics for An Garda Síochána should be in this section along with the Defence Forces, not in section 1.

#### **Question cluster 10: stereotyping**

- The draft response is poor; sending packs to schools hardly makes a real difference. Unconscious bias is very important; if not tackled and combated, it leads to systemic discrimination.
- There is a connection between stereotyping and sexism, which is spread through advertising and social media.
- CEDAW Committee feels that stereotypes are entrenched and wants them to become 'un-entrenched'; however, the Committee is actually trying to entrench its own agenda and ideas upon us.
- Men and women are different and can complement each other; each gender has its own particular qualities. We need to stop talking about entrenchment.
- A lot of stereotyping is prejudging, prejudice.
- Work has been carried out by a number of employers and employer bodies to address some of the stereotypes around particularly girls and science, technology, engineering and maths (STEM) careers.
- Article 41.2 is shocking when people realise that it reinforces gender stereotypes.
- Refugee women should be listed in the report.
- Update the report now that the Budgeting Office has been established, and the Oireachtas Committee tasked with gender budgeting now exists. The HEA report on gender equality has now been published and should be referenced here.
- Lay members of Mental Health Tribunals are discriminated against, as they have to complete a series of tests unlike the lawyers and psychiatrists on the Tribunals.
- More widespread advertisement of positions with MHC needed
- There is evidence of stereotyping from the data; women more inclined to be diagnosed with depression, men are more inclined to be diagnosed with other 'disorders'. Women are more inclined to be given electroshock for 'treatment resistant' depression. Research is required regarding stereotyping in the application of psychiatric diagnoses to question gender-based discrimination and reasons for pathologising distress in the first place.

### **Question cluster 11: violence against women**

- First paragraph in this section highlights achievements, but it is not fair not to point out the massive reduction in funding during the recession and its impact on progress.
- The Sexual Offences Bill should be referenced here, as it gives potential protection to the girl child.
- Paragraph 98 – not good enough to say that the State does not disaggregate by gender but that “it can be assumed that women constitute a large majority of the victims...”
- Paragraph 100 – the numbers do not add up.

- Table 31 – please clarify the source of the information and the court(s) it refers to. The notes above the table don't make sense - would appreciate a more detailed explanation.
- Please clarify the reasons why a case would be dismissed.
- Please clarify the reasons why a case would constitute a 'strike out' and 'strike out – not served'.
- Please clarify what is being 'taken into consideration' and what impact this would have on an outcome
- Would welcome further information on small number of cases sent forward for trial and if these were in addition to the hearings above?
- Would suggest that a Table is provided for all domestic violence orders for the same timeframe, which would include both the actual figure of those orders granted and the percentage, i.e. Applications for barring orders for 2015 was 2,638 and a total of 859 (33%) were granted. Bar charts or graphs for these would be very helpful in identifying trends.
- Paragraph 101 – mention of Cosc research does not correspond with the title.
- Paragraph 102 is not accurate; should state that the EU Victims Directive was not transposed in time.
- Paragraph 102 – transposition of the Victims Directive needs to include a reference to the budget and to Tusla. Should include a timeline for transposition.
- Paragraph 105 – concern that services for victims of domestic, sexual and gender-based violence are under Tusla; reinforce Victorian values that women should be treated as children.
- Paragraph 106 does not address the adequacy of the budget.
- The reference to the Council of Europe basis for calculating refuge spaces in paragraph 107 is misleading; it should be based on a percentage of the whole population, not just the adult female population. It skews the impression given as it seems that there are more spaces available than is the case.
- The tone of the State reply masks the precariousness of the support available to women and particularly, specialist counselling for victims. Concern at high waiting times for counselling and delays in accessing services.
- Special measure at the investigative and court stages of the criminal justice system should be focussed on minimising harm to the victims and achieving best evidence; the current court stage does neither.
- Need a root and branch overhaul of the criminal justice system; proactive case management, more judges, more court time.
- Training in human rights (international and EU) principles and in the impact of sexual violence is needed for all professionals involved in the criminal justice system, especially judges.
- New specialist Garda teams must be adequately resourced.
- What concrete measures are in place to encourage women to report?
- The response should refer to the Court and Garda accompaniment service. Resources for this are precarious and it relies on volunteers.

- The State should address prevention and the impact of the glorification of violence in television programmes like *Love/Hate*.
- State needs to address the issues of access to social welfare payments for victims of domestic violence.
- What is the outcome for women where housing is concerned following on from domestic violence? There is no data available on this issue.
- Violence against women in psychiatric system needs to be identified, including being forcibly drugged, body searches, being put in seclusion, restraint, etc.
- Violence being experienced by women in Intellectual Disability Services needs to be addressed with specific training around respecting human rights and dignity of individuals. Message needs to be clear that violence against women in psychiatric services will not be tolerated, will be prosecuted and provision will be made in national strategies to identify issues and implement appropriate policies to combat it.

#### **Question cluster 12: protection of disadvantaged groups of women from violence**

- The legislation being drafted to transpose the EU Victims Directive will be inadequate.
- Delete “bona fide” in paragraph 114, which is unhelpful.
- Text about the issuing of the Stamp 4 visa in paragraph 114 is misleading and does not accurately reflect the onerous process involved.
- The response should include a timeframe for processing a Stamp 3 or 4 visa.
- A Stamp 4 is not a given in this circumstance, and it is not referenced in the INIS guidelines, so there is limited take-up of services. The critical issue is that there is no access to social protection payments. The Habitual Residence Condition is enforced.
- Social services make insensitive requests for information regarding payments or passport information; in cases of domestic violence, this information may not be available to the victim, or the victim may not wish to contact the abuser.
- If a woman is refused status, there is no right to appeal.
- Undocumented women are excluded as they cannot come forward. The burden is on the victims. There are no specialised support services for migrant women.
- Domestic violence legislation should be extended to cover dating couples and should create offences of harassment and stalking.
- There is very little data available, but women with disabilities are twice as likely to suffer abuse as other women.
- Funding is vital; good services require good resources.
- Funding was cut continuously since 2009, so the reference to increased funding is misleading.

- If a woman becomes pregnant through sexual abuse, the necessary treatment is not available, and the woman must access abortion services in other countries.
- What is done to enforce sentences on the guilty parties? How many suspended sentences were given for domestic abuse? Notable case covered in the media last year of a perpetrator pleading guilty and receiving a suspended sentence.
- Gardaí need to collect data.
- In paragraph 115, should refer to recommendations about training for the judiciary by other Treaty Body mechanisms.
- We are not getting a true reflection of court outcomes. Seeing a diminishing number of women from particular backgrounds accessing services.

### **Question cluster 13: Criminal Justice (FGM) Act 2012**

More solid information is needed on how we are implementing the FGM Act.

- Need for an interagency strategy.
- There has been no prosecution for sexual mutilation, although there have been many occurrences of FGM across the country. Perhaps it happens abroad while the families are on holidays, but it does happen and should be reflected in the statistics.
- Is FGM in the National Strategy for Domestic and Gender-Based Violence? The actions of the Strategy should be listed in the State response.
- Should be more awareness of migrant women outside Dublin; all services are Dublin-based.

### **Question cluster 14: trafficking**

- In paragraph 119, it says that the National Action Plan contained 144 points, “many of which were completed...”. Text should state which were completed and which are outstanding.
- Ireland has operated outside of the framework of a National Action Plan since the end of 2012. Many of the concerns raised by various stakeholders relating to addressing the needs and treatment of victims of trafficking have been deferred until such a time when the 2nd National Action Plan is adopted and implemented. While there is a positive spirit of cooperation between civil society groups and the public service, the lack of any clear timeline for a final action plan to be presented to government has and continues to be, an obstacle to greater collaboration, affirmative action and a strategic approach in responding to the needs and rights of victims of trafficking in Ireland.
- Trafficking numbers should be disaggregated; separate sexual exploitation from forced labour. There is very little mention of forced labour.
- The answer is about trafficking rather than exploitation and misses the point. What measures will the State take to reduce the exploitation?

- Paragraph 132 does not make sense.
- The language used in the response should be “suspected” victim of trafficking not identified victims of trafficking as this is misleading. Ireland does not have a definitive grounds status of ‘victim of trafficking’ at present, only ‘suspected victim’.
- Table 32 could be made clearer. The word “suspected” is usually used but is absent here; does that mean the figures refer to fully identified victims? Where it says “convicted of trafficking”, is that accurate, or would it be more accurate to say “convicted under the legislation”?
- In relation to prosecution, for example, Table 32 indicates that 14 cases were commenced in relation to prosecution for trafficking and 12 convictions were secured in 2014. However as outlined in US State Department Trafficking in Persons Report 2015, the majority of prosecutions under Anti-Trafficking Act 2008 involved the sexual abuse of children as opposed to trafficking as defined under the 2000 UN TIP Protocol. Authorities initiated the prosecution of one suspected trafficker for the sex trafficking and no criminal convictions for sex trafficking or forced labour were reported during this period.
- Complaints have been made to RIA and GNIB but have not been followed up.
- It would be useful to split the numbers into EU and non-EU.
- How many trafficking victims have been issued with temporary residence permissions? It would be useful to have statistics.
- Anti-trafficking agencies should work together.
- As set out in the Report of the Working Group, direct provision is not appropriate accommodation for victims of trafficking; female-only centres are needed.
- Children are not covered by the Ombudsman for Children. *[The Chair stated that the Tánaiste has indicated that people in direct provision will have recourse to the Ombudsman and the Ombudsman for Children.]*

### **Question cluster 15: prostitution**

- Concern that the state decisions on legislation – particularly the Criminal Law (Sexual Offences) Bill – are made without evidence-based research.
- There was no meaningful attempt to outreach to survey sex workers themselves and support their participation in the consultation. Sex workers are always portrayed as vulnerable and exploited. The material supplied was imbalanced.
- An outreach and participation process should be funded to support sex workers to voice their concerns and opinions on law and policy surrounding sex work to ensure that any law or policy that will impact on the lives of sex workers is informed by extensive research including consultation through community outreach with sex workers and sex worker-led organizations.
- Urges Minister to remove part 4 of the Bill until there is independent research and a clearer picture.



- The Bill does not de-criminalise sex workers as it claims to; two sex workers working together for safety reasons in an apartment are guilty of a crime, according to the Bill.
- Extensive independent research shows client criminalisation that does not reduce the prevalence of sex work or trafficking for sexual exploitation; rather, it increases the risk of exploitation, trafficking and abuse by pushing sex workers to work further underground, in more dangerous environments away from support services.
- The Government states that the intention of the proposals in PART IV is to end demand for sexual services in order to eradicate the buying and selling of sex in the name of gender equality and to decrease incidences of trafficking for sexual exploitation. The State has never provided any evidence to support the effectiveness of the criminalisation of the purchase of sexual service in achieving these aims.
- Queens University was commissioned by the Department of Justice in Northern Ireland to carry out a study of 170 sex workers into the consequences of client criminalisation for the rights and safety of sex workers in Norway. Amnesty International has carried out a further study into the detrimental impact criminalisation of the purchase of sexual services had on the rights, safety and protection of sex workers in Norway. In particular of note is the increase in abuse and violence suffered by sex workers under criminalisation and the poor relationship with the police. The State consistently refuses to acknowledge and consider these studies and the comprehensive evidence that criminalising the purchase of sexual services increases the risk of violence and abuse of female sex workers.
- Human Rights Watch, La Strada International, GAATW (Global Alliance Against Traffic in Women) have all spoken out against the efficacy of client criminalisation in decreasing the trafficking for sexual exploitation.
- Studies by the World Bank show that intervention is needed on the demand side; therefore supports approach taken by the Criminal Law (Sexual Offences) Bill. Purchasers of sex should be criminalised.
- Access to the justice system is dependent on being secure and safe and coming forward to report a crime. Criminalisation actually hinders sex workers' rights and their ability to use the law to protect themselves.
- Amongst sex workers there is currently a great distrust of Gardaí. With criminalisation, sex workers' relationship to the Gardaí will inevitably deteriorate further, as they don't want to be under scrutiny and risk losing their means of survival. Sex workers will therefore be even less likely to contact authorities and report crime. This offers impunity to perpetrators.
- An independent study should be commissioned by the State into the experiences and needs of sex workers in Ireland.
- Support for the State response and research on this topic. Would be strengthened by further statistics and figures from the IMO and INMO.
- Need to reflect the work and health findings for women affected by prostitution of the HSE Women's Health Service. This state-funded service has been established for 25 years and provided free, confidential health care specifically for women in prostitution. Their records

show that the instances of HIV among women in prostitution in Ireland are extremely low. It is critical to reflect on context when responding to the question about the potential health impacts of policy/legislative measures on women involved in prostitution and the HSE Women's Health Service experience should be duly noted.

- There are 10 new cases of HIV every week. According to The Lancet, if sex work were decriminalised, HIV transmission would drop by 30-40%. Sex workers were not mentioned in the last Sexual Health Survey, and are not consulted in surveys on domestic or gender-based violence.
- With criminalisation, workers cannot properly carry out their screening, or negotiation of boundaries and condom-use, because the client is nervous, rushed and more likely to be the one to determine where the work will take place. Outreach workers and health services find it difficult to engage and reach sex workers in these hidden criminalised settings.
- The HIV infection rate for female prostitutes is very low, and is mainly through drug use or pre-existing infection.
- The response by the Government refers to victims of sex trafficking only and not the prevalence of prostitution in Ireland, therefore it is not an appropriate response to this question. The numbers for prostitution are estimated to be far higher. 2009 research indicates a figure of at least 1000 women in indoor prostitution in the State at any time. Further, investigative programmes produced by RTE in 2012 have shown the high degree of criminal organisation of the indoor sex trade.
- Response on HIV/AIDS is weak. A far more robust response can & should be made by noting the experience of the HSE Women's health Organisation. The broader context in which the legislation would be enacted as should be set out as strong evidence that there should not be concerns in regards to a potential negative impact on HIV rates among women involved in prostitution by criminalising sex buyers.
- Ireland has a much lower prevalence of poverty, lower prevalence of HIV/AIDS and far higher availability of services and provision of health care for the general population overall when compared to countries where both discrimination against vulnerable groups and access to health care are serious barriers to HIV prevention (e.g. Kenya, Brazil, India). For example, in Ireland the rate HIV among the adult population (19-49 years) is 0.20%, compared with 6.70% in Kenya.<sup>1</sup>
- Ireland does not have the same degree of discriminatory policies towards vulnerable groups which are often cited as significant barriers to HIV prevention.
- A law that does not criminalise those 'selling' in prostitution but does target those who buy sex should not impact on the availability or access to either sexual health services or education initiatives because these are already in place for those in prostitution. Any education initiatives will target a broader male population and not a narrow cohort of 'identified sex buyers' therefore a criminal offence in relation to this activity should not of preclude safe sex education.

- The Government response to the CEDAW Committee should consider making a more robust response in defence of the Government's stated intention to criminalise the purchase of sex in Ireland, and decriminalise the individual selling sex, as a measure that recognises the inherent violence of prostitution, its incompatibility with equality between men and women.

#### **Question cluster 16: participation in public and political life**

- A number of recommendations were made in 2008 in the *Women and Ambition in the Irish Civil Service* report by TCD; what is the status with those recommendations?
- Any equality or diversity strategies in the new Civil Service Renewal Plan should be mentioned here.
- Information is needed on the new Oireachtas Committees and how many of these are chaired by women.
- Point 142 – should indicate how many women are at Cabinet and Minister of State level now, and show changes since 1997; has only increased by 1.
- Point 143 says 4 of the 9 Supreme Court judges are women but Table 26 on page 17 says 5.
- The questions are specific; the answers need to be specific too.
- The membership of the Board of the Mental Health Commission should be included.
- No mention of what is being implemented to develop the pipeline of women into management and leadership positions. The focus is only on the most senior positions; this is insufficient and too late. Capacity should be developed at all levels.
- Focusing only on developing women is limiting. We require a comprehensive culture change and need to develop a leadership culture at all levels that is open to diversity of approaches; where is the inclusion of men in the design, delivery of programmes and in leading and demonstrating change and appreciation of diversity?
- Focusing on the current number of women in the diplomatic corps does not highlight the significance. What is the improvement? What will be done to improve? These are low numbers.
- The focus on State boards is not that important; this is an introspective network of people.

#### **Question cluster 17: local government representation**

- Language in 152 should be changed; saying that it is “intended” that the Electoral (Amendment) (Political Funding) Act will have a “knock on effect” is unfortunate, as it indicates that the change is not absolutely necessary.
- It should be noted that political parties only met the gender quota because they needed to.
- The gender quotas should also be applied to local elections.
- In 148, should also mention training initiatives by 50:50, Women for Election and the NWCI.

- Many migrant women are not aware that they can vote in local elections.
- Support for lowering the voting age to 16, as it will tend to draw girls into the process.
- Biggest barrier to involvement in public life is the lack of free childcare in Ireland.
- There is a small amount of funding for Traveller and Roma women, but not for those who choose to run for election outside the political parties. This should be extended to include migrant women.
- Paragraph 154 say that such measures “will be considered” in the development of the next Traveller and Roma Inclusion Strategy but a hard commitment is needed.
- Gender quotas should be established more extensively and Travellers need to be involved in decision-making.
- It would be a good idea to include a pack for registration to vote and explaining how to participate in Irish elections with the certificate given at citizenship ceremonies.

#### **Question cluster 18: women, peace and security**

- Paragraph 157: it would be useful to get an overview of achievements of the action plan to date before the next action plan commences.
- Paragraph 166 says that Ireland’s immigration system does not discriminate on the basis of gender. However, work permits are only granted for jobs with a relatively high pay threshold. Also, green cards are for jobs that are mainly done by men. These factors contribute to the gender pay gap.

#### **Question cluster 19: education**

- There is a problem with table 7 on page 5; the title and details are not in sync.
- Concerns about issues covered in paragraph 172-174 on sexual and reproductive health and rights education. There is still no comprehensive education about pregnancy and no practical information about abortion services. Much of the material available is anti-choice – including websites – and this needs to change.
- The National Sexual Health Strategy 2015-2020 should be referenced at the outset.
- Should be highlighted that each school is required to develop a policy for providing age-appropriate relationship and sexuality education programme.
- In paragraph 173, it says the time allocation will increase “up to 100 hours” over the three years of Junior Cycle, but from what?
- The text about measures to revise the school curriculum is woolly; while there is an RSE programme, it varies from school to school. SPHE and RSE do not feature in school evaluation by the Department of Education.

- Surprise expressed that the text is so generalised, given that the same issues were raised by the Committee on the Rights of the Child.
- Teachers should receive training so that they are comfortable teaching in this area.
- Participant who sat the Leaving Certificate in 2010 received sex education from the missionaries. This should not be the case; should be separate from religious bodies.
- Education is provided on sectarian lines.
- There is a reduction in time spent on physical education in schools, particularly for girls aged 14-16, and this needs to be addressed.
- Repetition in paragraphs 183 and 185 about the HEA report.
- Concern about figures in paragraph 186; the number of women chairs of Boards of Management is very low considering the large number of women involved in school leadership.
- Data on all education levels should be included here.
- There have been a few developments over the years, with a small advancement in the Traveller rates.
- There is a difference between the aspirations in paragraphs 187-188 and the reality that resources were taken from Traveller education in 2012, including Home School Liaison Officers, with huge impact on Travellers' educational attainment. More resources are needed.
- The question of how the Admission to Schools Bill will affect Traveller, Roma and migrant women and girls is not answered and needs more detail.
- Adult education for migrant women remains a concern. Many migrant women depend on the status of their husbands and may not be eligible for free adult language courses provided by the Education and Training Board.
- There is a severe lack of funding for 3<sup>rd</sup>-level education. There are loopholes in the system; participant recounted personal experience. To receive the Back to Education allowance, an applicant must be in receipt of a social welfare payment for 9 months.

#### **Question cluster 20: employment, gender pay gap and marriage bar**

- We are now reaching a stage where proposals to promote work life balance appear to conflict with competing recommendations to restrict employers' ability to utilise flexible working arrangements. These conflicting arguments make it very difficult for employers to manage expectations and business needs. It is important to remember that often these working arrangements have been requested or chosen by women to suit their particular circumstances often due to complex childcare arrangements.
- A narrative is needed on the disproportionate impact of austerity on women. The gender pay gap and pension gap are widening. During the recession, women in couples lost more than men in couples.
- Paragraph 193 – the National Minimum Wage does not apply to self-employed people.

- Many women who work in the arts sector are self-employed.
- A lot of women's work slides into the voluntary domain.
- Public contracts should be commensurate with proper remuneration for the persons receiving them.
- The response should link the gender pay gap to the Low Pay Commission if we mean that the National Minimum Wage addresses the gender pay gap.
- While the work of the Low Pay Commission is ongoing, it would be extremely important not to overreach beyond what has been advised in this section. For example, while there may be a greater number of women in low paid jobs there may be a range of underlying reasons for this including the fact that these jobs have more flexibility, can be done on a part-time basis and for whatever reason suit the personal decision many women have made.
- Paragraphs 192-193 do not mention pay grades. The majority of women work in retail and other low paid jobs.
- 65% on the National Minimum Wage are women.
- What is being done to tackle lower pay for the under-25s?
- The University of Limerick has produced a report on this that does not paint a pretty picture.
- Paragraph 194 should address the problems that affect those who get bypassed mid-career.
- Need to identify in what areas women experience the gender pay gap; it appears to widen the higher you go in your career. Suggestion that the pay gap is worse in the financial sector. Disaggregated data is needed.
- The document suggests that the gender pay gap is decreasing; it is, but that is not for progressive reasons, but because men's salaries dropped in the austerity period.
- On the tables, "participation rate" should be replaced with "employment rate".
- Programmes tackling discrimination on the grounds of mental health should be introduced. Personal experience of being refused term-time in a public sector body. There should be quotas for people with disabilities.
- Bullying in the workplace is not mentioned.
- While there have been improvements in family leaves, we need to address the issue of paid parental leave.
- Paragraph 196 – the issue of migrant workers and their right to work in the / from the home should be reflected; policy needs to be revised. This restricts migrants from self-employment.
- The ruling with regard to au-pairs should be mentioned in the report.
- Need statistics on the number of people using the Labour Court for remedy for exploitation in the domestic sector.
- The challenges facing women in employment are multifaceted, individual, structural and organisational in nature and require a range of solutions to address them. One such issue as referred to in the draft is childcare which is a huge challenge (facing women predominantly) due to the lack of affordable, quality care available for pre-schoolers as well as out-of-school hours care for those in school. This issue remains a significant one despite the investment into the childcare sector and the welcome strides made in this area.

- We have low levels of state funding for childcare yet the second highest direct payments to parents of any OECD country because of child benefit, which is poorly targeted with 17% of payments going to households earning more than €100k p.a. Significant continued reform and investment is necessary in this area which will have an effect on the labour market participation of women.
- Paragraphs 202/203 mention child benefit in the context of childcare; however, child benefit covers a range of needs. The money is insufficient to cover childcare Early childhood care doesn't cover enough. Remains a significant barrier to women's employment.
- Self-employed women receive very little maternity benefit.
- Paragraphs 207-208 deal with reduction in the One-Parent Family Payments; reducing the maximum age threshold for the youngest child to 7 years is regressive and offensive.
- The measures adopted, namely cessation of One Parent Family payments, to oblige lone parents to seek paid employment outside the home are arguably contrary to Article 41 (2) of the Constitution which states that '*The State shall therefore endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home.*' The absence of affordable childcare for both young and older children is a deterrent to entering paid employment.
- The word "customers" is offensive; it should be removed and replaced with "citizens".
- While not specifically asked, should consider inclusion of statistics on Traveller women in employment from Census 2011. 81.2% were without employment, One in three Traveller women looks after the home, which is twice the rate of the general population.

### **Question cluster 21: health**

- The most fundamental right is the right to life. There is no international document that gives the right to abortion. The unborn child is a living human being from the moment of conception, and is entitled to all of the same rights as other members of the human family.
- There is a correlation between contraception and abortion: the more contraception is used, the more people will access abortion.
- The Government must protect and respect the right to life and should not be bullied out of this by any EU or international body.
- Participant recounted personal experience of abortion; grateful to have been able to access abortion 46 years ago.
- We need abortion on demand for crisis unwanted pregnancies.
- There is also an issue with wanted pregnancies that involve health complications.
- We need to keep the laws out of the doctors' offices and let doctors do their jobs. Doctors should be able to advise women on the most common gynaecological procedure in the world when performed legally.
- The legislation criminalised women and is not fit for purpose.
- Need to mention the landmark Mellett judgment.

- Each UN body takes the recommendations of others seriously.
- Statistics needed on the number of applications for termination that have been made to date under the Protection of Life During Pregnancy Act 2013, including those that were refused. We know from the [2014](#) and [2015](#) annual reports that 26 terminations have been carried out each year. The State should include information on the total number of women per annum who requested terminations under the Act in order to put the 26 figure into context for the CEDAW Committee.
- The Government should reaffirm its protection for the life of the child. The pressure to expand abortion lacks basis in international law.
- CEDAW is part of a flawed UN system. The Convention on Civil and Political Rights says that every human has the right to life; it rules out the death sentence for a pregnant woman, on the basis of protecting the life of an innocent unborn human being. The travaux préparatoires of the ICCPR explicitly state, *“The principal reason for providing in paragraph 4 [now Article 6(5)] of the original text that the death sentence should not be carried out on pregnant women was to save the life of an innocent unborn child.”* Similarly, the Secretary-General report of 1955 notes that the intention of the paragraph *“was inspired by humanitarian considerations and by consideration for the interests of the unborn child...”*
- There is no basis for the CEDAW Committee to speak of abortion rights in question 21. It is regrettable that one Convention seeks to protect the unborn child while another seeks to kill it.
- It should be noted that nowhere in the Convention is there any mention of so-called “Abortion rights”, nor is any definition given of what constitutes a “severe fetal impairment”. In light of the fact that the Convention makes no reference to a “right to abortion” as a general proposition or in the circumstances mentioned in paragraph 21 f of the issues document, it is unclear from where the CEDAW Committee derives the legal basis to insist that the Government “revise the law” in Ireland.
- In paragraph 215 on the Protection of Life During Pregnancy Act 2013, there is no reference to the continued criminalisation, although CEDAW asked the State how it was addressing this.
- Paragraph 216 – in a review or appeals, a woman must see 6 professionals – this should be specified in the response. It is a deterrent / barrier, and delays the abortion.
- The figure in paragraph 217 needs to be updated to cover 2015. More recent data was presented in the Dáil during 2016.
- The Government must do what it was mandated to do.
- A rape victim who becomes pregnant and terminates faces a possible sentence of 14 years, while the rapist only faces a sentence of 7 years. This is obscene.
- Women who are not in crisis pregnancy situations also have human rights. Being pro-choice should apply to all medical decisions, not just pregnancy.
- There is significant crossover between the UPR and CEDAW.
- Regardless of the decision of the Citizens’ Assembly, the UN Human Rights Council has called for constitutional changes on abortion and this must be reflected.



- We need more details of what the Citizens' Assembly will be looking at and doing.
- The detail given in paragraphs 215 and 216 falls short of what the question asked for.
- Mistake in reference in paragraph 218; says 51 and should say 47. Also differs from what the Programme for Government says.
- The text saying that Ireland will establish a Citizen's Assembly is inadequate as an explanation of what the State is doing. The Assembly may not recommend a referendum, and there is no commitment from the State to implement any of the recommendations, even if a referendum is recommended.
- The reference in paragraph 220 of a 40% reduction in demand for abortion services abroad is misleading, as increasingly, women are using abortion pills. This should be reflected in the report. In just one week last month, customs/Gardaí seized 78 abortion pills. This is indicative of the real demand.
- We need to collect and publish better data on the numbers of women travelling abroad for terminations.
- There are issues around access to emergency contraception and the cost of travelling for an abortion.
- The typical cost to travel to the UK for an abortion is between €725 and €3,000. The online abortion pill is between €75 and €90. This is a massive difference for people without many resources; they inevitably risk prison.
- These costs should be included in the State response.
- Undocumented migrant women cannot travel for abortion. Documented women may rely on the destination State providing a visa. The regime is regressive.
- Include headline data on Traveller women from the All-Ireland Traveller Health Survey in paragraph 237.
- Make reference to the National Traveller Health Advisory Committee
- Reflect what has happened to Traveller health budgets over the last decade.
- In paragraph 239, refer to the National Traveller Health Advisory Forum.
- There is no implementation plan for the recommendations of the All-Ireland Traveller Health Survey.

#### **Question cluster 22: post-abortion care**

- Paragraph 222 says that abortion aftercare services are available to all women in Ireland. This does not address the issues of sexual and reproductive health of women in prison.
- Women in detention cannot choose to travel.
- The after-care referred to is a list of private not-for-profit organisations, including at least one organisation which is opposed to abortion. After care also requires public medical facilities, which are not discussed.

- After care is definitely not free. Primary care has a price to visit a GP. A walk-in visit to an emergency department of a hospital costs €100 and more if you are a non EU national.
- The first paragraph should include the phrase “abortion regret” or “abortion trauma”.
- The Working Group Report made recommendations about family planning and crisis pregnancy for migrant women in direct provision. What is being done about those recommendations? The Department’s June 2016 update states that these two recommendations have been implemented but does not provide any information as to how they have been implemented.
- It is difficult for migrant women to access abortion aftercare services.
- We need to cover the rights of sex workers and how the lack of abortion aftercare impacts on their health.
- The abortion aftercare website requires significant review.
- The draft response 223 says that no information is available on clandestine abortions; these figures should be available.
- There is no evidence that the Crisis Pregnancy Programme reduced teen pregnancy as asserted in paragraph 224. The reduction in teen pregnancy can equally be attributed to the improved education opportunities for girls, or the use of (illegal) abortion inducing medications bought over the internet.
- Research has shown that in many areas, there is no free access to HIV and STI services, Wexford for example.
- Many sex workers in small towns have no access to non-judgemental sexual health services, and there is a pervasive lack of services in rural Ireland. Access to non-judgemental sexual health services is limited in Dublin.
- The issue of minors’ lack of access to contraception needs to be addressed.
- Shock that Catholic groups go into schools to preach abstinence; this is not logical.
- Serious issue of conscientious objection by pharmacists about providing contraception. Patient care should come before personal moral beliefs.
- Should visit [www.EMFscientists.org](http://www.EMFscientists.org) to see the biological impacts of non-ionising radiation, which changes DNA and causes cancer.
- Human rights need to be respected and we need to come to solutions that are alternatives to apologising.

### **Question cluster 23: rural women**

- Statistics should be available on the situation of rural women.
- Cost of transport; need for good and affordable transport.
- Cost of school transport is too high.
- Rural women often do multiple jobs; as well as paid work, they also work on the farm and do domestic work.

- Hardly any public transport and no broadband in Offaly. Many older women cannot drive.
- Access to public transport in Laois is an issue, particularly for access to healthcare services. Now that health services have become more centralised, more travel is involved.
- Please tell us how many CEDAW consultations or meetings were held around the country?
- There are financial implications involved in attending a consultations; why was no money provided for travel expenses or childcare? It is not easy to get involved.
- The impact of everything we have discussed – abortion, contraception, etc. – is more severe in rural areas because of the lack of choice of services or information.
- Travel costs to access abortion services abroad are even higher for rural women.
- More consultation is needed before decisions are taken; participant gave personal example of how the decision on the route of the Wild Atlantic Way has affected a friend's business.

#### **Question cluster 24: disadvantaged women**

- Deaf women are affected by all the issues discussed today but doubly disadvantaged; cannot communicate in own language. Are not considered in the debate. If ISL were recognised, it would be easier. State should recognise ISL.
- Deaf women and vulnerable and isolated in everyday life.
- No interpreters are available for deaf women in prisons.
- ISL should be put on the school curriculum.
- State should report on what has been done in relation to women in detention since March 2014,
- 25% of women in detention are on remand and have not been convicted; this is at odds with the number of men. The rate of committal has grown faster for women than for men.
- Need to reflect on the findings of the Committee on the Prevention of Torture especially in relation to Limerick Prison.
- The issue of migrant women is not addressed; difficult to engage without any text.
- There has never been comprehensive immigration legislation in Ireland; after 20 years of migration, very little has been done.
- Critical of delays in the Immigration and Residence Bill. There should be a timeline on this.
- Issue of irregular migration must be addressed; the Oireachtas Justice Committee has made a recommendation on this.
- The employment permits legislation was passed during the recession and is therefore unduly restrictive. More migrant women are in the labour market.
- No migrant integration strategy has been in place for a long time.
- The majority of NGOs rejected the draft integration strategy as it had no timescales. Needs to be redrafted and must contain a timeline for implementation.
- The previous strategy, *Migration Nation*, was very poor.
- We do not have an anti-racism strategy.

- Ireland has no hate crime legislation or clear guidance from the State on these issues.
- There is no strategy for the second generation of migrants.
- Many Leaving Certificate students can't access services for post-second level education.
- Poor access to mental health services for migrant women is a problem.
- Is there a plan to reverse the cuts to carers?
- Is there a plan to enforce the travel pass for private companies.
- There should be a right to be heard or listened to.
- The extensive work done on Traveller ethnicity should be mentioned in paragraph 258.
- Paragraph 259 does not answer the question of what measures have been taken to revise the Housing Act 1993.
- In paragraph 260, could the Annual Count be provided over a series of years, along with the budgets over the same time period?
- Include reference in paragraph 269 on work being done on a pilot basis on improving disaggregated data on Traveller women in prison.
- There is no remand prison for women – this is most unjust as unconvicted women are treated in effect as convicted.
- There is no low security prison for women while there are two for men (Shelton Abbey and Loughan House). All women prisoners are treated as high security. (see 2015 Annual Report to the Minister for Justice (2016) by the Dóchas Visiting Committee, Appendix).
- Women considered to be in breach of immigration law are housed in prison as if they had committed a serious crime.
- The mental health services for female prisoners should be alluded to in more detail as the WHO recommends the health of prisoners should be delivered by outside bodies and not be internal to prisons.
- The sentences on infectious diseases should be cautious as there is no recent study of these in Irish prisons (excluding the IPRT 2016 report, which does not provide comprehensive and new data on the topic.) The last comprehensive study was in 1999 and revealed high prevalence among some cohorts of prisoners.

#### **Question cluster 25: marriage and family relations**

- An amendment to the Civil Registration Act is needed to modify the language; the use of “sham marriages” is stigmatising. This is targeted at undocumented migrants and is inappropriate.
- The registrar makes the decision and there is no right to appeal. The registrar has to communicate the fact that someone is undocumented to the immigration authorities. This is wrong and makes undocumented people fear approaching the registrar.