



Galway Rape Crisis Centre
Asylum Seeker & Refugee Clinic
Report 2005-2007





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Executive Summary

- By 2004, GRCC had identified the need for a specialised Asylum Seeker & Refugee Clinic that would provide counselling and support, as well as creating awareness of the issues of sexual violence, among these two groups.
- The Clinic was established in 2005 with funding from the Dormant Accounts Fund to operate for two years.
- GRCC is the largest regional Rape Crisis Centre in the country and has the highest proportion of asylum seeker clients nationally at just over 20%.
- 534 individual counselling sessions and 25 group counselling sessions were held during the period 2005 – 2007.
- The majority of clients availing of the service came from the Democratic Republic of Congo (28%) followed by Somalia (11%), Nigeria (10%), Eastern Europe and Angola (both 8%).
- 62% of the perpetrators were Armed Forces in the country of origin and 79% of clients were victims of rape.
- Additional services provided by the clinic were advocacy, victim impact reporting, accompaniment to other relevant services, training and talks at seminars and conferences.
- The highest number of referrals to the service came from the Refugee Legal Services. There were also significant referrals from Public Health Nurses, GP's and the Refugee Information Service.
- The service was seen by a number of agencies as filling a gap in service provision in this area in the West.
- Due to ever-increasing demand, there is a need to expand the current service from a 3-day provision to a 5-day one.
- The unexpected challenge arose of dealing with the new area of multi-cultural counselling and working with survivors of war and torture.
- Higher rates of psychiatric admissions were identified among the two groups and suicidal feelings were often reported.
- Direct provision accommodation impeded the efficacy of the counselling process as it compounded the feelings of powerlessness associated with sexual violence, thereby having a direct negative effect on the very core service the clinic is trying to provide.
- Continued liaison with other professionals working in the area is seen as key to the successful development of the services provided by the clinic.
- Additional training is required in the areas of cultural issues and trans-cultural understanding as well as best practice for counsellors working with survivors of conflict trauma.
- The Clinic recognises the need to provide a service in the future for male survivors of sexual violence.
- There is also a need to expand the service to include new immigrants to Ireland particularly those at risk of marginalisation.

Messages



This important report reflects the pioneering work carried out within GRCC in the area of counselling and supporting asylum seekers and refugees who are survivors of sexual violence. I am very proud to have this opportunity to thank Joan Sheridan, Aoibheann McCann and Jennie Swannock, who have worked to provide this vital and innovative service for these groups within our community. As well as providing a core counselling service over the past two years, the team has built networks of communication, information and support between NGO's and the statutory bodies working in the front-line with clients. They have also developed an education and awareness raising programme that has helped develop policies around disclosure of sexual violence within the wider community.

The report brings to light the often very serious trauma that our clients have had to endure. It also highlights the many challenges for the future in working with clients from a wide variety of communities where most of the things we all take for granted are not always guaranteed.

Tanja Alanko-O'Malley, Coordinator, GRCC



Welcome to our report which we hope will provide you with a sense of the vital nature of the counselling and support services provided by the Asylum Seeker and Refugee Clinic at GRCC since 2005. The last two years have been a steep learning curve for us all. We have had to adapt our skills as the nature of the crimes our clients have survived and their living situations are very different to our previous counselling provision experiences here at GRCC. This report outlines our findings and provides recommendations for future best practice in the area.

During this time we have also learned so much from other professionals who work with asylum seekers and refugees and would like to acknowledge their contribution and assistance. In addition we would like to thank the Dormant Accounts for the funding that has allowed us to provide this necessary service.

Above all, we would like to thank our clients. Their bravery, their capacity for survival and the strength of the human spirit that shines out is a humbling experience for all of us. We are honoured to work with them.

*Jennie, Joan and Aoibheann
November 2007*



Section One Background & Introduction

1.1 INTRODUCTION TO GRCC

The Galway Rape Crisis Centre provides a quality counselling and support service for survivors of sexual violence and abuse. Through its lobbying and education work the Centre also works towards an end to cultural and societal tolerance of these issues. Founded in 1984 GRCC, and the services provided by the organisation, has grown to become the second largest member of the Rape Crisis Network Ireland (RCNI). In recent years, a new type of requirement was identified, namely the increasing need to provide counselling services for asylum seekers. From 2002, asylum seekers and refugees were being referred to GRCC for counselling and support in relation to sexual violence they had experienced, usually in their country of origin. The Centre provided this service for some time on an 'as-required' basis. However, by 2004, it became clear that a more formalised approach was needed to cope with increasing demand. In order to establish a targeted and specialised service, GRCC made a decision to establish a dedicated Asylum Seeker and Refugee Clinic with secured funding from the Dormant Accounts Fund. There were two main aims of this clinic – to provide counselling and support and to create awareness of, and information about, the issue of sexual violence among these two groups.


1.2 REFUGEES & ASYLUM SEEKERS – THE IRISH SITUATION

In the last 10 years, Ireland has been faced by the relatively new phenomenon of immigration rather than emigration. In 2002, there were 95,900 people of EU, European, African and Asian origin resident in the State, 2.5% of the population. In 2006, this had risen to 492,800, or 6.4% of the population. As Ireland's wealth has increased, it has become a destination for migrants escaping economic hardship, as well as for refugees and asylum seekers fleeing war and conflict in their countries of origin.

According to the 1951 Geneva Convention relating to the Status of Refugees, a Refugee is defined as someone who:

owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

A Refugee therefore is someone who is forced to leave their country for any of the reasons listed above. An Asylum Seeker is a person who seeks asylum and asks to be recognised as a refugee in accordance with the terms of the 1951 Geneva Convention. While someone is having their case examined by the government here in Ireland they are called an Asylum Seeker.



In the period 2001 – 2005, 38,950 people sought asylum in Ireland. In 2006, Ireland received 4,314 applications for asylum. To date, 6,814 asylum seekers have been recognised as refugees, and 617 people have been given leave to remain on humanitarian grounds. This process can take several years, and as asylum seekers are not allowed to work or claim social welfare, they are accommodated in ‘direct provision’ hostels. According to the most recent available figures, there are currently 353 asylum seekers in direct provision accommodation in Galway city, while in Galway city and county there are 2,216 people of African origin, 446 people of Chinese origin and 1,392 of other Asian origin.



1.3 GRCC ASYLUM SEEKER & REFUGEE SERVICES: NEED IDENTIFICATION

In 2003, the Galway Rape Crisis Centre had 17 new asylum seeker/refugee referrals. In 2004 there were 11 and this number increased again in 2005 to 23. The organisation is the largest regional Rape Crisis Centre and has the highest proportion of asylum seeker clients nationally at just under 21%. However, Rape Crisis Centres across the country are also experiencing increasing numbers of asylum seekers accessing their services. Examples of this include 16% of the client base in Mayo RCC from this group with a figure of nearly 19% in Sligo. This is primarily due to the location of asylum seeker hostels in these specific areas.

From 2002, asylum seekers and refugees were being referred to the Galway Rape Crisis Centre for counselling and support in relation to sexual violence they had experienced, usually in their countries of origin. These countries include Rwanda, Somalia, the Democratic Republic of Congo, Sierra Leone and some of the former Soviet states. Referrals came from GP's, Spiritan Asylum Services Initiative (SPIRASI) in Dublin (an agency that works for the care of survivors of torture), the Galway Refugee Support Group and the Refugee Legal Service. These clients have specific support needs because of the nature of their trauma and their situation here in Ireland. As well as symptoms of post-traumatic stress disorder, many clients experience feelings of isolation and depression. The nature of their lives is often quite chaotic in that many are living with uncertainty about their future and this compounds the distress they experience.

1.4 ESTABLISHMENT OF GRCC ASYLUM SEEKER & REFUGEE CLINIC

GRCC decided that the most effective way of providing support for these clients was to establish a dedicated clinic service. As previously stated, the organisation was successful in securing funding from the Dormant Accounts Fund and in 2005 the Clinic became a reality. The funding provided for the creation of an Asylum Seeker & Refugee Service to run three days a week for a period of two years, from May 2005 to May 2007. The proposed services outlined at the time of application were as follows:

1. *Counselling & Support Services*

The counselling and support service consisted of setting up a crisis clinic to operate from the Galway Rape Crisis Centre, which would provide short-term, crisis-orientated counselling for female survivors of sexual violence within the target group. GRCC decided it would also be important to offer an accompaniment and advocacy service for clients within the Galway locality. In addition to one-to-one counselling, it was also felt that it would be important to establish a support group for clients. This would be primarily a skills-based group to help these clients cope with their trauma. The idea was to lessen their isolation through group sharing and interaction and to use creative ways of healing such as art, music and movement.

2. *Awareness & Information Service*

GRCC also aimed to provide training for the relevant statutory and voluntary agencies in Galway city and county around the issues of dealing with disclosures of sexual violence from asylum seekers and refugees. It was also proposed to establish information networks which would inform the organisations client work and enable the Centre to make appropriate referrals. GRCC also wanted to develop a feedback system from the clients about the service, identify what they felt was needed in this area and identify other relevant organisations that could assist the growth of the project. Due to the nature of the work, the Galway Rape Crisis Centre decided to employ three workers to run the clinic. The identified personnel had extensive experience in both trauma counselling and education work.



Section Two Clinic Services & Statistics 2005-2007

2.1 CLIENT ACCOMMODATION PROVISION IN GALWAY

Asylum seekers in Galway tend to live primarily in direct provision, that is they are provided with full board and an allowance. They are given €19.10 per week as well as an additional €9.60 per child. They are also given 3 meals per day at set times and women with young children are given a set amount of children's provisions per week. They often share with others (four per room is not uncommon). This situation does not preclude women with children having to share their accommodation arrangements.

2.2 SERVICE UP-TAKE 2005-2007

The uptake of service by clients seeking counselling has been in excess of the figures anticipated when the clinic was first established. The Centre had anticipated an increase in new referrals of 35% from the 17 new cases referred in 2003 to 23 in the first year of the project. This was exceeded with 26 new referrals in 2005. 19 clients were carried over into the second year of the project. Again, it was anticipated that there would be a 35% increase in the number of referrals in the second year of the project to bring the total to 32 new referrals. However the number of referrals continued at the same rate as the previous year at 22.

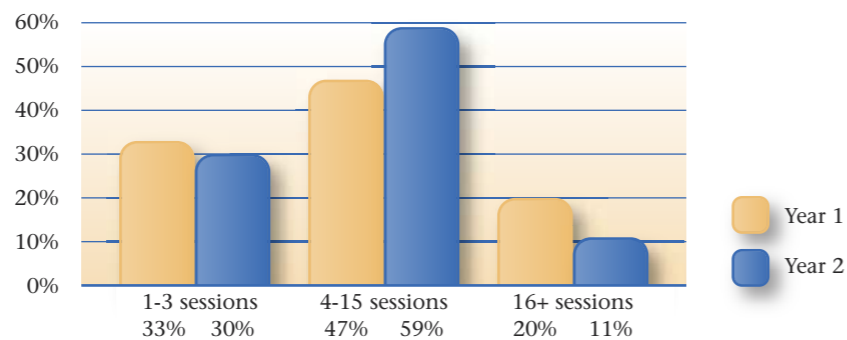


Figure 1 Client Appointments Year 1 & Year 2

2.3 CLIENT ORIGINS & TYPES OF ABUSE

The type of cases dealt with by the counsellors varied greatly but included the following: trafficking, sexual slavery, rape, ritual abuse and child sexual abuse. Rape by armed forces was by far the most common among those clients seen by the Centre. All had reported this abuse in their country of origin and had come to GRCC suffering from post traumatic stress disorder. The symptoms from which they suffered were most commonly insomnia, headaches, confusion, nightmares, irrational fear, anxiety, depression and suicidal feelings. The following graphs provide an overview of GRCC clients:

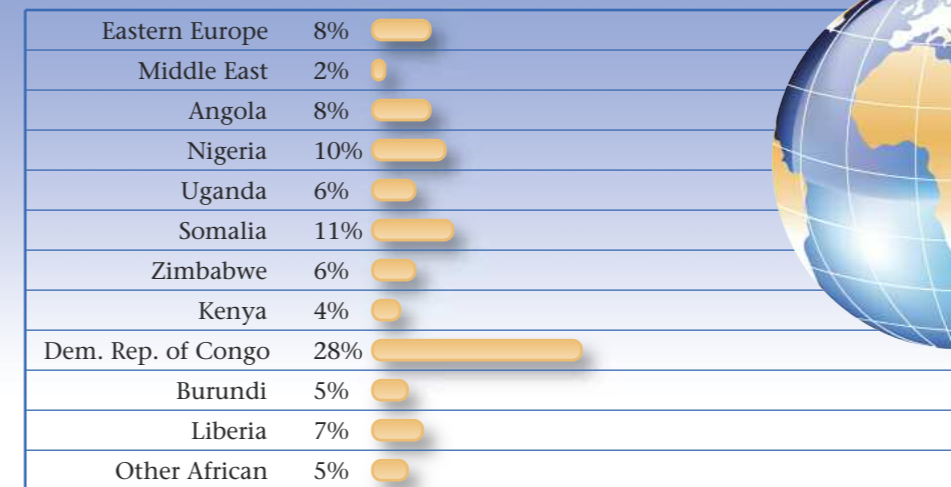


Figure 2 Client Country of Origin

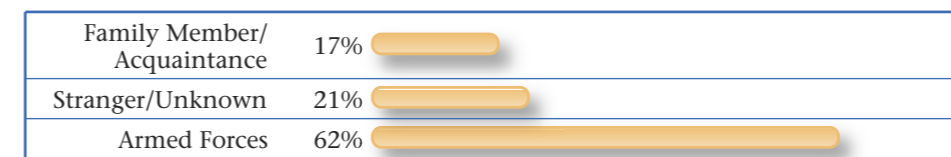


Figure 3 Perpetrators of Sexual Violence



Other refers to Ritual Abuse, Trafficking and Undisclosed

Figure 4 Nature of Violence Reported by Clients

2.4 SERVICES PROVIDED BY THE GRCC CLINIC

- **Counselling:** the main service provided was client counselling, primarily hour-long one-to-one sessions with or without a translator as appropriate.
- **Advocacy:** a key component of the services provided was advocacy, examples of which include telephone calls/letters to Reception Integration Agency (RIA) regarding accommodation and linking in with GP's, the Refugee Support Group and Refugee Information Service.
- **Victim Impact Reporting:** statements relating to victim impact reporting were prepared for clients for the purposes of assisting with the legal process.
- **Accompaniment:** another service provided by the clinic was accompaniment to key services such as doctors and the STI clinic.
- **Group Work – GRCC** has run six counselling groups over the two years. The groups reduce the isolation felt by the Centre's refugee and asylum seeker clients and work towards healing the trauma suffered by them through relaxation exercises and group activities.
- **Referrals – GRCC** works in conjunction with relevant agencies in order to refer clients to those that will provide the most needed and appropriate services – referrals to English teachers for language lessons, referrals to the





Friendship Club to help ease the sense of isolation and also to the Refugee Support Group and Information Service for further information.

- Conferences – another key component of the awareness and education remit was to attend conferences around the country with a view to sharing experiences in dealing with asylum seeker and refugee issues and working toward a concept of best practice in the area for Rape Crisis Centres in Ireland.
- Training – also under the education remit was the provision of specialised training for professionals who work with asylum seekers and refugees in the area of sexual violence and sexual abuse.
- Capacitar – the clinic team attended training on this healing therapy that assists clients in dealing with their trauma and has proved to be a successful addition to the counselling provided.

2.5 PROMOTION & REFERRALS

A key component in the potential success of the Clinic was to ensure the effective dissemination of information on the services provided to the relevant agencies and professionals in the region. A number of agencies were contacted about the establishment of the service such as the Refugee Legal Service (RLS), Refugee Information Service (RIS), Refugee Support Group (RSG), Friendship Club, local hospitals, GP surgeries and the Eglinton Hostel in Salthill so that they could refer clients to GRCC as well as establish important information sharing networks.

It was found that referrals were highest from the Refugee Legal Service. There were also significant referrals from Public Health Nurses, GP's and the Refugee Information Service. Self-referrals were also a key factor in clients seeking counselling. During the period 2005-2007, the team also visited the Cloonabinna Hostel, when in existence, as well as holding information and free training meetings with RIS, RSG, Public Health Nurses, Refugee Council (Ennis) and the RLS.

2.6 SERVICE IMPACT

During the two years of the project a total of 48 women benefited directly from the counselling service. The Centre provided 534 individual counselling sessions and 25 group counselling sessions. The aim of the counselling service, which is to help clients cope with their trauma symptoms and to lessen isolation, has been fulfilled to a certain extent as feedback from clients indicates:

'...talking is treatment for my illness'

'I like to...share experiences with other victims'

'I was happy with the activities we had (in the support group) because I found them so stress relieving'.

GRCC also linked in with several key agencies which was beneficial to the service in terms of increasing its profile and creating awareness of the key issues being dealt with as well as establishing a valuable information exchange process. Positive relationships have been developed with these agencies to the benefit of GRCC and the Centre's current and future clients.

Case Studies

These case studies are based on common experiences repeated by clients, and are not based on actual individuals.

1. *Crystal is from Congo. Her family was involved in a political party which opposed the current government. One night soldiers came to their house where they arrested her husband and raped her oldest daughter who was eight years old. She fled with her three children to a relative's house, left her children with the relative and then went to the city looking for her husband. While looking for her husband in the city she was gang raped by government soldiers. She got away and managed to get out of the country. The trafficker said she would be able to send for her children straight away when she reached Ireland. When she got here she discovered this was not so and she also found out she was pregnant as a result of the rape. She was sent to live in Galway and has been here for two years. Crystal is finding it difficult to cope with the baby and shares a room with one other mother that also has a small child. Her first application for asylum has been turned down and she is now awaiting her appeal. She is unable to make contact with her relatives or her children. Friends say that they have moved elsewhere but they do not know where. She suffers from severe post traumatic street disorder and has nightmares and headaches. Crystal is also very depressed as to the whereabouts and safety of her children. She is trying to learn English but finds it difficult to concentrate and has to rely on friends help to mind the baby. Since coming to the Centre she has been able to sleep better and has made some new friends at the group but still needs as much support as she can get to deal with her current situation.*
2. *Toye is from Nigeria. She was married at fourteen to a much older man who had other wives. She gave birth to two children shortly after her marriage. When her husband died, she was given by cultural right to one of his brothers who proceeded to sell her into sexual slavery. Her children were taken from her and she was held in a city as a forced prostitute and captive. Toye managed to escape to Ireland after a client got her out of her country. She now lives in Galway but suffers from severe anxiety. When she first came to the Centre she felt a deep sense of isolation and was encouraged to join the local 'Friendship Club'. The Centre assisted her by accompanying her to the local STI clinic where she discovered she was clear of STI's. Toye comes to counselling every two weeks and has attended two of the support groups. She feels she has benefited greatly from this service but still has a long way to go in terms of getting her life back.*

"the counselling given is very good and makes me feel better and my heart feels lighter"



Section Three

Client & Agency Feedback & Evaluation

3.1 CLIENT SERVICE FEEDBACK

Feedback was sought from clients during one of the support group sessions where counsellors sought information on how different factors in clients' lives have affected their sense of well-being. Listed here are some of the issues raised that clients feel would improve the quality of their lives:

- Own house so you are free to go where you like – this would help clients feel more free and less controlled.
- Being able to work and study – would give them something to do.
- Have something to offer and to contribute to society and being allowed to do so.
- Information on families in country of origin, as this is an area of huge concern and stress.
- More counselling in the light of the fact that the majority have suffered some type of violence – this would help them focus on a better life in the future and help provide them with the confidence to move forward.
- Outlet for sharing the pain they are going through.
- Would like a 'one stop shop' for asylum seekers, where they'd be given English classes, information on voluntary work, career guidance and training.
- Shorter waiting time for the asylum process – clients have been waiting a long time, sometimes as long as seven years, only to have their applications for asylum and residency rejected – they want more openness about the legal process as there is often confusion about what is happening.
- People whose applications for asylum and leave to remain are rejected should be allowed to apply for work permits.

A discussion was also held as to how their lives have been improved by coming to Ireland:

- Ireland secure from war – a safe country.
- Medical help and treatment available.
- Counselling and Rape Crisis Centres are highly beneficial.
- English classes and computer training are sometimes available.
- Support from Residents against Racism beneficial.
- Kindness, generosity and acceptance of organisations like the Friendship Club in Galway.
- Support groups provide necessary information and counselling and integration possibilities.
- Access to lawyers through the Refugee Legal Service to assist with asylum claims.

3.2 AGENCY SERVICE FEEDBACK

As an additional part of the project evaluation, various agencies were also asked for their feedback on the training provided and how they and their clients experienced the service provided by the clinic. The response was very positive:

- GRCC's service was seen as filling a much-needed gap in the area as there was no other such service provided in the region.
- The training was seen as important to update other professionals on the issues of sexual violence and this information could be passed on to other service providers.

However, during the course of consultations with the link agencies the need for a counselling and support service for male survivors was indicated as an additional requirement. At the time of the application for funding, the project aimed to work primarily with female survivors, in line with Galway Rape Crisis Centre policy. As a result, only a referral service for male survivors who are asylum seekers or refugees was provided under the terms of the project. GRCC now sees male survivors and it is therefore essential to ensure equality of access, so that the specialised asylum seeker /refugee service becomes open to male survivors in the future.

Another issue which arose through the agency feedback was the need to clarify for asylum seekers and refugees what constitutes a sexual assault, what constitutes rape and to explain that rape under certain conditions is recognised internationally as a method of torture. This is connected to the Centre's own experience of difficulty in making contact with local minority groups directly, which is something we had envisaged for the project. For confidentiality reasons, the clinic also had to rule out visiting the hostels, which again limited direct contact with the target group. This challenge is something that will need to be considered carefully for the future development of the project.



Section Four Unique Issues Arising

There were a number of important learning outcomes from the operation of the Asylum Seeker & Refugee Clinic during the period 2005 to 2007. A number of unforeseen situations arose highlighting the unique situations faced when trying to provide counselling, advocacy, education and awareness services in this area. These findings are outlined here to draw attention to the real difficulties faced by clients seeking counselling as well as stressing the challenges faced by GRCC (and other RCC's) when trying to fill the need for the service.

- There was a much larger up-take on the service than projected in the initial funding application, including clients who availed of this service from outside Galway city – this emphasises the increasing need for this specialised service in Galway as well as in other regions throughout the country.
- In addition, there is the unexplored challenge of dealing with the new area of multi-cultural counselling, working with survivors of war and torture as well as working with how these communities deal with the issues of sexuality, sexual violence and sexual abuse.
- Clients are often in a vulnerable position and are at risk of exploitation and re-victimisation.
- Direct provision impedes the efficacy of the counselling process as it compounds the feelings of powerlessness associated with sexual violence – this has a direct negative effect on the very core service the Clinic is trying to provide.
- The counselling process was also unlike the norm due to the fact that clients have no security as most have been part of the on-going uncertain asylum process that can drag out over long periods of time.
- There is a high rate of psychiatric admissions among this client group and they often report experiencing suicidal feelings.
- Funding was provided for the hiring of interpreters which was invaluable in ensuring that the service was accessible to clients who would otherwise be marginalised. It was, however, difficult to source interpreters in less well-known languages such as Somali.
- There was an additional strain on staff as the project developed. With increasing interest and demand and only a 3-day time frame per week from which to operate, client work had often to be prioritised over awareness raising.

Section Five Project Finance Dormant Accounts Funding & Future Financial Requirements

6.1 DORMANT ACCOUNTS FUNDING 2005-2007

Expenditure of the Dormant Accounts Funding was as follows:

| | Year 1 | Year 2 | Total |
|--|-------------------|-------------------|-------------------|
| Client Expenses (<i>travel, child-minding expenses</i>) | € 800.00 | € 825.00 | |
| Employee travel & subsistence | € 560.00 | € 578.00 | |
| Staff Overheads | | | |
| Supervision | € 3,120.00 | € 3,129.84 | |
| Membership of Associations | € 70.00 | € 72.24 | |
| Training | € 150.00 | € 154.80 | |
| Staff salaries & pension | €28,917.00 | €30,201.12 | |
| Translation costs | | | |
| Interpreter charge | € 4,858.00 | € 5,013.46 | |
| Interpreter travel expenses | € 142.00 | € 146.54 | |
| Evaluation | | € 3,141.00 | |
| Total | €38,617.00 | €43,262.00 | €81,879.00 |

The clinic was able to run to budget from May '05 to May '07. However, during the course of the project a number of areas were identified where additional funds would have been beneficial. It was found that increased funding for support groups not originally foreseen, arose during the course of the project. The limited availability of childcare for most asylum seekers and refugees impacted on the client budget as there was a large uptake on this service. This is an important key facility that needs to be provided so that clients can make effective use of the services and future budgeting needs to reflect this.



Section Six Toward Best Practice – Future Recommendations

6.2 ON-GOING FUNDING REQUIREMENTS

To develop and expand the current services provided for asylum seekers and refugees by the Galway Rape Crisis Centre in line with the recommendations outlined in this report, the service needs to expand from a 3-day provision to a 5-day one. The following outlines in detail the future funding requirements for the next two years in order to run a high-quality clinic for clients:

| | Year 1 | Year 2 | TOTAL |
|---|-------------------|-------------------|--------------------|
| Staffing salaries and pensions | € 47,106.00 | € 49,794.00 | |
| Client costs (<i>travel & childminding expenses</i>) | € 1,200.00 | € 1,260.00 | |
| Staff Overheads | | | |
| Supervision | €3,502.00 | €3,677.18 | |
| Training | €1,500.00 | €1,650.00 | |
| Staff travel & subsistence | € 588.00 | € 617.40 | |
| Translation costs | € 5,418.00 | € 5,688.90 | |
| Administration cost | € 450.00 | € 472.50 | |
| Leaflets & Posters | € 3,000 | | |
| Support Group costs (<i>materials & room hire</i>) | € 1,375.00 | € 1,443.75 | |
| TOTAL | €64,139.00 | €64,603.73 | €128,742.73 |

RESEARCH

- Service providers need to learn from members of the asylum seeker/refugee communities about how issues of sexuality, sexual violence and sexual abuse are seen in these communities, bearing in mind these groups are made up of many different cultures and religions – what applies to one group does not necessarily apply to all.
- There is also a need to research the prevalence of current sexual violence with the communities residing here as there are currently low levels of disclosure around this issue
- Research such as that outlined here will assist in identifying some cultural understanding and be of immense benefit to the counselling process.

SERVICE PROMOTION & OUTREACH

- To date the Clinic has had not contact with asylum seekers/refugees from some particular communities such as Afghanistan, Iraq & China – it is imperative to assess why there has been no take-up of the service from these and other groups as well as increasing the reach of the methods used to promote the services available.
- There is also a need to expand the service to include new immigrants to Ireland particularly those at risk of marginalisation.
- Input from immigrant groups themselves would further aid the efficacy of the promotion aspect of the Clinic.
- Improved quality information and promotional material is required to promote the service provided by GRCC and raise the issue of sexual violence. As part of this aim, the clinic also needs to conduct an awareness campaign on what constitutes rape and sexual assault so that a survivor is better able to identify if it happens or has happened to them and they can seek out the relevant service accordingly

EDUCATION, TRAINING & NETWORKING

- Additional training would be required for clinic staff in the areas of cultural issues, and trans-cultural understanding as well as in best practice for counsellors working with survivors of conflict trauma.
- Continued liaison with other professionals working in the area is a key to the successful development of the services provided by the clinic
- Regular symposia and conferences would also assist the dissemination of pertinent information for professionals working with ethnic minorities
- The establishment of RCNI support networks to develop a national Rape



Crisis Centre policy on working with asylum seekers and refugees would be very beneficial.

- The training of an asylum seeker/refugee representative to become a spokesperson and contact for the service in hostels. This would enable the Centre to disseminate information about the service as well as providing essential feedback to the service.
- The integration of male survivors who are asylum seekers or refugees into the service is a vital step to ensure equality of access, counselling and support provision to those who are currently 'falling through the gaps' in the West. Those survivors who do seek help are currently forced to travel to Dublin for psychological support from other agencies such as SPIRASI.

FUNDING

- The Galway Rape Crisis Centre has experienced on-going difficulty in accessing continuation funding for the asylum seeker/refugee service. This is due to the fact that many grants are for short-term projects which leaves a funding gap when a project established for a particular period of time needs to be continued.
- Clients from the Asylum seeker/Refugee Service make up approximately 20% of the total number of the GRCC 's clients and is viewed as a core service provided by the Centre.



ciste na
gcuntas díomhaoin
the dormant
accounts fund



This project was approved by Government with
support from the Dormant Accounts Fund



Helping to Heal Since 1984 ...
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