



***Migrant women's experiences of sexual and
gender-based violence and help-seeking
journeys: Focus on Malta***



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Executive summary:

This report, produced as part of Project CAPTIVE (Cultural Agent – Promoting and Targeting Interventions vs. Violence & Enslavement), co-funded by the Rights, Equality and Citizenship Programme of the EU, has as a core aim that of uncovering the experiences of migrant and refugee women victims of S/GBV, living in Malta. It is an attempt to better understand the forms of violence that women are exposed to and the unique challenges encountered during their migratory journeys and upon arrival. Moreover, it seeks to explore the existing support system for migrants and asylum seekers in Malta, so as to bring to the fore potential barriers to help-seeking and formulate recommendations.

By drawing on literature produced at the local level and in line with international research, this report identifies and explores the specific vulnerabilities faced by migrant women, because they are women and in light of deep-rooted gender inequality in many countries worldwide. Gender-based violence can take a variety of forms including female genital mutilation (FGM), honour killings, forced marriages, rape, kidnappings, domestic violence and is perpetrated by a range of actors including security forces, militias, rebel groups, smugglers and traffickers, other migrants or intimate partners.

In addition to reviewing existing literature, this report comprises an empirical section exploring intimate partner violence among migrant women. Although the research is based on a small sample of two women, the findings provide valuable insight into migrant women's lived experiences of domestic violence and point to the need to investigate the issue in more depth. Finally, through interviews conducted with key stakeholders in the field, this report maps out relevant services on the island, identifying important gaps to address in order to better cater for the needs of migrant and refugee women. The report concludes with a short list of recommendations for policy and practice.

Acknowledgements:

We would like to thank the women who bravely opened up to us, sharing their migration journeys, personal challenges and narratives of violence.

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Definitions:

Gender-based violence

Throughout this report the term gender-based violence is used to describe: ‘violence directed against a person because of that person's gender (including gender identity/expression) or as violence that affects persons of a particular gender disproportionately. Women and girls, of all ages and backgrounds, are most affected by gender-based violence’ (EU Commission, n.d.)¹

Migrant

In this report the UN definition of migrant is adopted, to describe ‘someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status’ (UN, n.d.)² Wherever status is concerned, the appropriate term is adopted (i.e. asylum seeker, refugee, stateless person, internally displaced person or other).

List of Acronyms:

AFM	Armed Forces of Malta
AWAS	The Agency for the Welfare of Asylum Seekers
FGM	Female Genital Mutilation
IOM	International Organisation for Migration
IPV	Intimate Partner Violence
MSF	Médecins Sans Frontières
MWAM	Migrant Women Association Malta
NCPE	National Commission for the Promotion of Equality
SAR	Search and Rescue
S/GBV	Sexual/Gender-Based Violence
SRH	Sexual and Reproductive Health
UNHCR	The United Nations High Commissioner on Refugees
UoM	University of Malta
VAW	Violence against Women

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¹ See: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-based-violence/what-gender-based-violence_en

² See: <https://refugeesmigrants.un.org/definitions>

Introduction

'I had a relationship with a Maltese man for two years and he used to hit me whenever I refused to have sex (...) The police did not help at all in [name of locality], they were his friends and males. They made fun of me, being a woman and a foreigner'

Lea³ from the Philippines - domestic violence survivor living in Malta

Based on international data, in 2015 only, 224 million people left their homes to migrate to a different country (O'Neil, Fleury and Foresti, 2016). Amongst them, were many women and girls, amounting to almost half the total number of international migrants (UN, 2016). Although many women migrate with their partners and their families, there is a mounting number of women who leave their homelands to seek employment as nannies, domestic workers, nurses and carers in order to support their loved ones back home through remittances (Maymon, 2017). In the process, many of these women experience multiple forms of violence committed by a range of actors at various steps of the way. Rape, physical and psychological violence, torture and specific forms of gender-based violence at the hand of armed forces, rebel groups, smugglers, other migrants or even intimate partners are painfully frequent occurrences in the lives of many migrant women (Parish, 2017).

While media narratives and political discourse would have the public believe that migrants and refugees find in Europe a panacea for all ills, Lea's testimony, quoted above, is a powerful reminder that this is hardly the case. Life in the host country is strenuous, emotionally and physically taxing and violence does not always cease upon arrival. Moreover, the support received in the host country is often inadequate, culturally insensitive and can subject migrant women to secondary victimisation. Migrant and refugee women can experience double or even multiple exclusion – because they are women and foreign, due to their age, religion or an intersection of these and other factors.

Growing awareness of the many elements that influence and mould migration journeys has given rise to more nuanced analyses and empirical research, which take into account the specificities of migrant women's journeys and experiences. In recent years, many scholars

³ Pseudonym

have applied an intersectional lens to the study of migration in order to grasp the complex interplay between gender, ethnicity, age, class, disability and other, its impact on migrant journeys and experiences of violence (Bastia, 2014). Despite this, scholarly engrossment with the topic of female migration has not been consistent across countries. In Malta, intersectional analyses remain scarce, and consequently, awareness of the experiences and challenges faced by migrant women back home, en route to Europe and upon arrival is, to date, relatively limited.

This report represents an attempt to bridge this gap, and better understand migrant women's experiences, their narratives of violence, and more crucially, their needs. It begins with a literature review, followed by two testimonies of migrant women, victims/survivors of domestic violence. It then proceeds to map out and examine Malta-based services for migrant women who have experienced/are experiencing violence; it concludes with recommendations for policy and practice. It is hoped that it will give rise to further research, activism, policy and support strategies that are better tailored to the complex needs of migrant women, like Lea and many others.

Literature review – Migration, violence against women and violence among migrant and refugee women in Malta

Methodology

The following literature review draws on a range of sources, including academic literature, NGO reports, government publications, local legislation and media reports. In order to identify relevant literature, a keyword search was run on the University of Malta online library, which is the most reliable resource to access academic and non-academic papers, reports and articles in Malta. Keywords used included: migrant women Malta; migration; violence against women; violence against women Malta; migrant women victims; FGM; trafficking. Only a handful of publications (10 in total) were identified as addressing the issue of violence among migrant and refugee women in Malta; these revolved mainly around violence during the migration process, sexual and reproductive health (SRH) and female genital mutilation (FGM). The remaining research and reports fall into two broad categories, namely migration-related issues (i.e. migration to Malta, reception and detention, integration) and violence against women (VAW)/gender-based violence (GBV), with a specific

focus on intimate partner violence (IPV). The next section refers to relevant publications to shed light on migration issues, violence against women, and specifically, violence among migrant and refugee women in the Maltese scenario.

Migration

Immigration is regulated by the 'Immigration Act to restrict, control and regulate immigration into Malta and to make provision for matters ancillary thereto'⁴ and the 'Refugees Act: An Act to make provisions relating to and establishing procedures'⁵. There are also a number of regulations and policy documents governing irregular migration and asylum, which include the 'Common Standards and Procedures for Returning Illegally Staying Third-Country Nationals Regulations'⁶ the 'Irregular Immigrants, Refugees and Integration: Policy Document'⁷, the 'Reception of Asylum Seekers (Minimum Standards) Regulations'⁸ and the 'Strategy for the Reception of Asylum Seekers and Irregular Migrants'⁹ (Global Detention Project, 2017).

Over the years Malta has transited from a country of emigration to destination/transit country for many immigrants. In the 1930's and in the 1960's Maltese citizens emigrated to the UK, Tunisia and Egypt and the US in the first instance, and to the UK, Australia, Canada and the US in the second instance. This was the result of limited employment opportunities, a growing rustbelt economy during the contraction of the British Empire and the allure of work in the destination countries. Incoming flows began outnumbering outgoing flows in the early 2000's, when migration both from Europe and Sub-Saharan Africa soared (IOM, 2016).

⁴ See: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8722&l=1>

⁵ See: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8886&l=1>

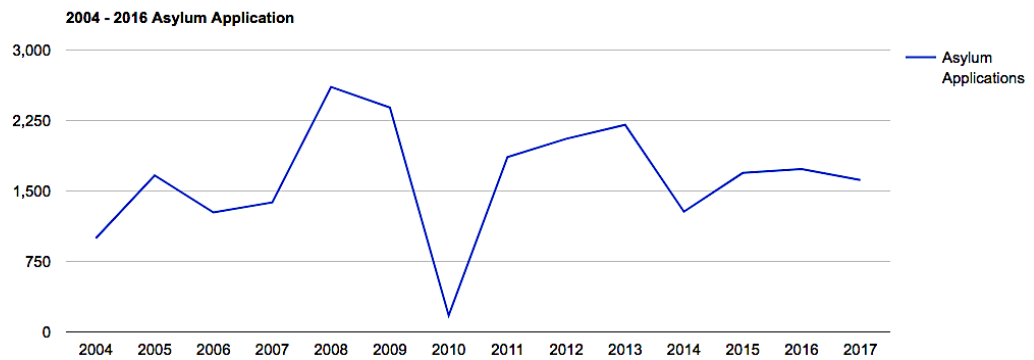
⁶ See: <http://www.refworld.org/pdfid/551190594.pdf>

⁷ See: <http://www.refworld.org/pdfid/551190594.pdf>

⁸ See: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=10662&l=1>

⁹ See: <https://homeaffairs.gov.mt/en/MHAS-Information/Documents/Migration%20Policy%20181215.docx>

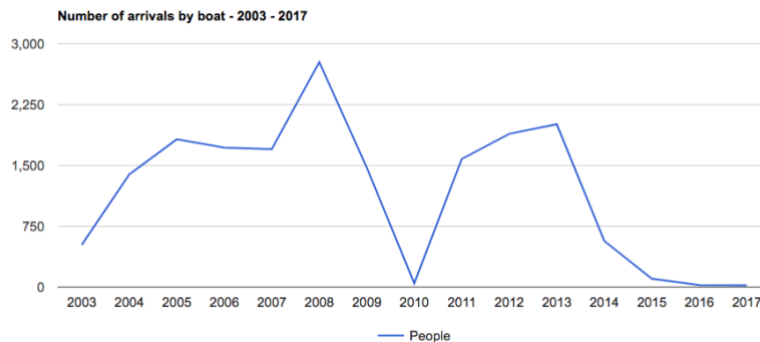
Figure 1



Asylum applications in Malta between 2004 and 2016. Source: UNHCR Malta

In the past decade, Malta has witnessed a total of 1,600 boat arrivals, peaking at 2,775 in 2008 and 2,008 in 2013, and declining to 568 in 2014 and 104 in 2015 (Crawley et al., 2016). Conflict, persecution and violence are among the reasons forcing many men and women to leave their homelands and embark on perilous journeys across the Mediterranean (Crawley et al. 2016). The influx of asylum seekers into Malta specifically, has to do primarily with its geographic position at a crossroads between Europe and Africa. Today, even if the numbers of people reaching the country by boat have significantly dwindled, asylum seekers continue to be rescued within the island's search and rescue area. Not everybody remains in Malta - onward migration and/or relocation to other countries, including the USA, is quite common (IOM, 2016).

Figure 2



Number of arrivals by boat – 2003-2017 Source: UNHCR Malta

Although migration to Malta from outside the EU remains male-dominated, there has been a surge in women arriving by boat since 2012 (IOM, 2016). Accordingly, the Council of Europe has highlighted that the number of women and children on the move has risen drastically since the inception of the so-called 'refugee crisis', to the point of outstripping men at the beginning of 2016 (Council of Europe, 2016). This phenomenon requires more in-depth research, particularly as regards the vulnerability of female and child migrants to human/organ trafficking.

Malta's size and the small AFM-led SAR fleet are crucial to understanding the migration discourse in the Maltese context (Klepp, 2011). Under the Dublin Regulations (OJ, 2013), similarly to other frontline states in Southern Europe, such as Italy, Greece and Spain, Malta has struggled to grapple with undocumented migration. Since the country's SAR area is rather large, all boats crossing the Mediterranean from Africa to Italy are bound to pass through its waters. Yet the Maltese SAR fleet has often felt under strain, and adopted a narrow interpretation of 'distress' at sea, thereby intervening only when a shipwreck was deemed imminent (Klepp, 2011). This situation was further exacerbated by the EU's slow response to the situation and the lack of funds required to aid in the identification, monitoring, retrieval and management of the phenomenon, as well as the reluctance of other Member States to provide support. In addition, political pressures, delays in communication, or discussions with the Italian counterparts on who was responsible for intervening, have resulted in a number of fatal accidents.

The drastic decline in boat arrivals into Malta has sparked rumours of a secret deal on migration between Malta and Italy, which have been discredited both by the EU and Malta (Schembri Orland, 2016). It is a fact however, that in recent years Italy has taken upon itself the bulk of SAR operations in the Mediterranean (MacMahon & Sigona, 2016). Although the number of boat arrivals has declined, since 2014 asylum seekers, particularly from Libya and Syria, have reached Malta by means other than by boat (e.g. by air) both through regular and irregular channels (UNHCR, 2017). Non-boat arrivals have also included, albeit to a lesser degree, Ukrainians, Egyptians and Nigerians (Caruana, 2016). It should also be noted that Malta has recently relocated Syrian, Iraqi and Eritrean nationals from Italy and Greece, as part of a temporary EU relocation scheme (IOM, 2017). In an answer to a Parliamentary Question

raised on the 12th October 2016, Work and Education Minister Evarist Bartolo, stated that there were 1,468 Filipinos working in Malta, 1,246 Serbians, 369 Chinese workers, 286 Eritreans, 383 Indians, 322 Libyans and 264 Nigerians (The Malta Independent, 2016).

Reception and detention

Reception of undocumented migrants in Malta is divided into closed detention centres, open centres and settlement in the community (UNHCR & Aditus, 2013). Up until 2014, Malta operated a policy of mandatory detention of all undocumented migrants, including asylum seekers, a practice which has received strong criticism by national and international human rights advocates over the years (Caruana, 2016; European Network on Statelessness, 2015). In 2014, the government put an end to mandatory detention, shifting to a case-by-case approach, seeking alternatives to detention wherever possible and detaining individuals on the basis of specific legal grounds.

A reception strategy was launched and an 'Initial Reception Facility' set up to process arrivals and carry out medical screening (Caruana, 2016; Global Detention Project, 2017). While previously, irregular migrants were commonly detained for up to 18 months, following shifts in law and policy, asylum seekers have generally been held in detention facilities for shorter periods of time, ranging between 2 and 12 months pending approval of their asylum applications (Human Rights Council, 2016).). In light of the reduced number of boat arrivals, several detention centres have recently been closed (Global Detention, 2014) and the number of detainees held in closed detention centres has subsequently declined. According to the latest UNHCR data, 30 people were living in detention at the end of 2014 (UNHCR, 2014).

Conditions in detention centres have been described as inhumane – overcrowding, inadequate hygiene, lack of safety, dearth of information about rights/procedures, health and mental health issues are amongst the main concerns highlighted over the years. Regarding lack of safety, there have been incidents of violence by migrants on other migrants, occasionally stemming from mental health issues, as well as a case of violent repression of a migrant protest by soldiers at Safi Barracks back in 2005 (Debono, 2013).

Moreover, until 2009, detention centres in Malta were not gender segregated. Pisani (2012) argues that this fact, in conjunction with the poor conditions of the centres have paved the way for a host of issues, including health and safety hazards and sexual and physical violence. Many women have fallen pregnant whilst in detention, yet according to some NGO representatives and law enforcement agents, pregnancy has allegedly also been used strategically as a means to be transferred into another form of containment (Gerard and Pickering, 2012).

There are also a few open centres on the island, which accommodate asylum-seekers, refugees, beneficiaries of subsidiary protection, failed asylum-seekers enjoying national protection, and other migrants (UNHCR & Aditus, 2013). While prior to 2014, access to open centres was generally preceded by detention, nowadays asylum seekers are commonly transferred to open centres following medical clearance. In recent years open centres have been put under considerable strain as a result of the curtailed use of detention (Caruana, 2016) and the rise in rental prices, preventing many asylum seekers and refugees from securing accommodation in the community (Bonnici, 2018). The Marsa open centre, situated in the harbour region with resultant spread of migrants into the neighbouring town of Marsa, used to be the only accessible centre (Xuereb, 2017). The centre has now been closed down (Pisani, 2017) and is being used as an initial reception centre, where migrants are held for a few days until they receive medical clearance to access open centres. Figure 3 below illustrates the spatial distribution of migrants awaiting jobs adopting a hotspot approach.

Figure 3: Migrant job waiting hotspots

Figure 8. Migrant job waiting hot spots and NNH (red) and 2NNH (green) poverty hot spots. Compiled using MapInfo (2012)



Source: Xuereb, 2017

A study conducted between January 2010 and June 2011, highlighted the negative impact of poor living conditions in Maltese open centres on the health of residents. Researchers conducted over 5,214 medical examinations on migrants, the majority of which were male and had been detained for an average of six months prior to being transferred to an open centre. Only 31% of migrants resulted to be in good health, with the most frequent diagnoses being skin diseases, respiratory diseases and gastro-enteric diseases (Padovese et al., 2013). Out of the 384 women who were examined, 12.5% were pregnant at the time of the examination and 42.5% had undergone FGM. Over 50% of female migrants were referred to local services for gynaecological problems. Poor hygiene, overcrowding, dampness, unhealthy diets were identified as major factors exerting a negative influence on migrants' health (Padovese et al., 2013).



Hal Far Open Centre. Source: The Malta Independent

Integration

Despite the regular influx of migrants and asylum seekers since the early 2000's, until very recently, there was no fully-fledged integration policy in place in the Maltese context. A Human Rights Directorate under the aegis of the Ministry for Social Dialogue of Consumer Affairs, tasked with the advancement of the areas of civil liberties, foreign communities, integration and minority rights, was set up in 2015. In 2017, an official national strategy for integration was launched, setting out the key steps for the integration of migrants and asylum seekers, including the provision of English and Maltese language classes, support in lodging a permanent residence application and assistance in finding employment. The strategy entails the establishment of an Integration Unit within the Human Rights Directorate, responsible for

the implementation of the Strategy (Ministry for European Affairs and Equality, 2017); however, the Unit is still in the process of being set up and the integration policy still falls short of full implementation (Caruana, n.d.).

To this day, the discourse on integration, broadly reflecting the general discourse on migration, has stressed Malta's small size/high population density, as well as the limited resources available to integrate migrants. As a result, there is a deep-rooted expectation that migrants should independently acquire the skills to navigate the system and access relevant services, putting the burden of integration on individuals themselves (The People for Change Foundation, 2013).

Although by law third country nationals residing in the community are entitled access to health, education, employment and housing, they are often provided with only limited guidance in identifying and accessing such services (The People for Change Foundation, 2013). Access is often hampered by lack of information and difficulties in communication arising from language barriers (Caruana, 2016). It is also the case that many migrants with an uncertain immigration status feel discouraged from investing too much time and energy in integration (UNHCR & Aditus, 2013).

Another major obstacle faced by migrants and asylum seekers is discrimination. Based on the findings of the EU-Midis FRA Report for Malta, African nationals are the main target of discrimination and represent the minority group with the highest rate of unemployment (FRA, 2009). Female asylum seekers living in Malta face specific vulnerabilities, which include high rates of unemployment, in spite of women's high qualifications and work experience, with the main obstacle to accessing and securing employment being discrimination on the basis of age, religion or nationality, colour and the hijab (Camilleri-Cassar, 2011; Chana Merino, 2017).

Restricted access to employment and a broad reliance on seasonal employment or casual jobs put asylum seekers living in Malta at an increased risk of poverty (Caruana, 2016). The instability generated by their work and life conditions has a non-negligible impact on their wellbeing and mental health: emotional hardship and high rates of depression are common among asylum seekers (Chana Merino, 2017).

Between January and July 2010, MSF identified 130 patients who were displaying symptoms of anxiety, depression and PTSD and conducted 389 psychological consultations. The main institution dealing with mental health in Malta is Mount Carmel Hospital. The latter caters for migrants suffering from mental health issues and/or other related issues, providing them with psychological care, as well as the services of a social worker as the need arises. The main challenge faced by this institution is to keep on following cases, particularly when the individual becomes a client at the outpatients' department. This gives rise to a revolving door phenomenon, whereby clients eventually return to Mount Carmel Hospital manifesting more serious problems, occasionally related to drug abuse. Although migrants and asylum seekers receive free health care in Malta, mental health services for psychological trauma resulting from violence, are still inadequate¹⁰ (Médecins Sans Frontières, 2010).

Violence against women and gender-based violence

Relevant legislation in relation to VAW and GBV in the Maltese context is the Gender-based Violence and Domestic Violence Act (Government of Malta, 2018), the Employment and Industrial Relations Act¹¹ (Government of Malta, 2002) and the Equality for Men and Women Act¹²(Government of Malta, 2003) prohibiting sexual harassment. Harassment and stalking provisions can be found in the Criminal Code (Government of Malta, 1854)¹³. Restraining orders, protection orders and ex officio prosecution are among the measures provided by the law (Stelmaszek & Fisher, 2013). Since February 2014, FGM is explicitly criminalised through Article 251 E (1-7) under title VIII 'Crimes against the Person' and subtitle IX 'Threats, Private Violence and Harassment' of the Maltese Criminal Code (NCPE 2015).

It should be noted that the Gender-based Violence and Domestic Violence Act recently replaced the 2006 Domestic Violence Act, which was repealed on 30th April 2018. The new Act includes amendments to various pieces of legislation based on the 'Istanbul Convention

¹⁰ In order to tackle this matter, the Migrant Women Association Malta has recently launched a mental health service for migrant women victims of GBV.

¹¹ See in particular Art. 29 – 32.

¹² See in particular Art. 9.

¹³ See in particular Art. 249, 251A and 251AA, Subtitle IX of Threats, Private Violence and Harassment.

on preventing and combating violence against women, and domestic violence', to which Malta is a signatory. The amendments allow for a more comprehensive definition of domestic violence, inclusive of reference to physical, sexual, psychological or economic violence and strengthens the definition of rape, increasing the penalty to 6-12 years (Government of Malta, 2018).

In Malta, domestic violence, both as psychological violence and in the form of bodily harm, has seen a rapid increase in recent years, reaching 7% of all offences in 2015 (Formosa, 2016). The figure increased slightly in 2016 as 'domestic violence has continued its steady increase reaching 1272 instances in 2016 up from 1205 reports in 2015, which points to a 183% increase between 2008 (450 reports) and 2016, when specific statistics on domestic violence became available due to changes in legislation (2007)' (Formosa, 2017). Women are disproportionately victimised, and the European Institute for Gender Equality (EIGE) estimates that the cost of intimate partner violence against women in Malta could amount to € 90 million per year (EIGE, 2016). Vakili Zad (2013) argues that the prevalence of violence against women in Maltese society is linked to women's lower social, economic and political status. Systematic discrimination results in increased dependency on male partners and vulnerability to violence. Moreover, low-income women face big hurdles in fleeing violence and when they do, may often end up homeless.

Based on a 2011 study on domestic violence published by the Commission on Domestic Violence, which surveyed 1200 women aged 18-59, 26.5% of ever-partnered women in Malta have experienced acts of physical, sexual or emotional violence perpetrated by a current or former partner in their lifetime (Fsadni et al., 2011). The 2014 FRA Survey found that 15% of women had experienced physical or sexual violence by a current or former partner since the age of 15. The survey also highlighted that many women in Malta are unaware of specific legislation in the area of domestic violence (FRA, 2014).

A recent study by the NCPE (2015) investigating elder abuse in Malta sheds further light into IPV in the Maltese context. The study involved 31 face-to-face in-depth interviews with victims and survivors of elder abuse. Despite efforts to include more men in the sample, out of the 31 respondents, 30 respondents were female and only one respondent was male, due

to women being disproportionately victimised and men being more reluctant to open up about abuse. The findings highlight that abuse on the elderly appears to begin in their 20's and 30's, and that for a large majority of victims it carries on for 30-40 years. The most common type of abuse is psychological, emotional, financial or in the form of neglect, occurring at the hand of the male spouse, children or partners (NCPE, 2015). A rather worrisome finding is that around 44% of the interviewed victims never reported the abuse (NCPE, 2015).

Violence at the intersection of gender and migration

A number of research studies conducted in the Maltese context highlight the pivotal importance of including a gender analysis in migration studies. In fact, not only does gender influence decisions to migrate, the journey to safety and life in the host country, but it also lies at the heart of women's experiences of violence at each and every stage of the migration trajectory.

The experiences of Somali women feature prominently in intersectional literature produced in the Maltese context, allegedly due to the Somali community being one of the largest migrant communities in Malta¹⁴ (UNHCR, 2015), and/or as a result of the prevalence of single Somali women in Malta¹⁵. Schmoll, Spiteri and Said (2011) conducted semi-structured interviews and observations with Somali women between May and October 2010, to shed light on the impact of gender on migrant women's decisions to leave their home country. Interviewees underscored how fear and insecurity act as drivers for migration and rape and sexual violence, daily realities in Somalia, are used as a weapon by soldiers and civilians alike. Single women are the most vulnerable to violence and thus are most likely to flee the country in the quest for safety.

Yet departure does not put a cap on vulnerability, as those who migrate are exposed to risks of violence and exploitation at every step of the way. For African nationals crossing the Sahara

¹⁴ It should be noted however, that until recently, a resettlement programme between the USA and Malta was in place, which allowed many Somali nationals to relocate to the USA. The programme is currently inactive.

¹⁵ Accordingly, most female asylum seekers originating from Somalia are currently residing at Dar Liedna, an open centre currently hosting single women.

desert and transiting via Libya to reach Malta, the desert, Libya and the boat trip itself¹⁶ represent three main sites of violence (Gerard & Pickering, 2014) . Gender inequalities, re-constructed and perpetuated by border controls, put women at risk of sexual violence at the hand of guards or the private militia. Sexual violence is often the price attributed to the border toll or is a means by which one negotiates border crossing (Gerard, 2014; Gerard & Pickering, 2015). These findings are corroborated by EU-wide research conducted by Janssens, Bosmans and Temmerman (2005) who argue that when fleeing and seeking asylum, abuse of power, battering of women, sexual assault, rape, abduction by armed forces, mass rape and forced pregnancies as well as sexual attacks by smugglers, slave traders and pirates are commonplace.

Safety remains much sought-after even upon arrival in Malta. Poor living conditions in detention centres have a severe impact on the health and safety of female asylum seekers. The latter have been reported to expose women to the risks of contracting infectious diseases and to physical and sexual violence (Pisani, 2012). Women who are separated from their male partners are forced to seek employment and are likely to be subjected to exploitation. Poverty, exclusion and marginalisation can pressure female asylum seekers from African countries into sex work and put them at risk of labour exploitation, as well as potentially, human trafficking, as they seek irregular avenues to reach Italy (Kemp, 2017)

In Malta, asylum seekers are exploited in the underground economy and in certain instances, are deprived of their passports and travel documents, thus effectively becoming victims of human trafficking. Moreover, numerous migrant women who have travelled to Malta from Libya find themselves trapped in oppressive and exploitative relationships. It is not uncommon for male migrants to persuade migrant women, particularly those who are pregnant or with children, to feign being married upon arrival in Malta, so as to avoid detention and be placed in open centres. Maintaining the façade with the authorities renders the women heavily dependent on their false spouses. Those who cannot contribute to the couple's financial income, are forced to engage in 'transactional sex' with their bogus partner and are occasionally traded as sexual commodities among migrant men. Status can also put

¹⁶ It should be noted that since 2015, the number of boat arrivals has fallen drastically.

women at risk of forced marriage, with failed asylum seekers bullying female migrants with refugee or subsidiary protection into marrying them or coercing them into doing so (Kemp, 2017).

Many of the women who migrate to Malta originate from countries where FGM is widely practiced. Despite the practice being illegal, there is no real estimate of the percentage of women who have undergone FGM or of the girls at risk in Malta (EIGE, 2012; NCPE, 2015). In their research study in open centres, Padovese et al. (2013) found that 42.5% females had undergone some kind of genital mutilation during their childhood. Participants were interviewed with the aid of a cultural mediator using a standardised pre-coded questionnaire, which identified that 50% had undergone Type III FGM, infibulation, removal of all or part of the labia and usually the clitoris and the fusion of the womb. Infibulation featured mostly in Somali women and had been performed for cultural and ethical reasons. Padovese et al. (2013) indicate that the figure on FGM/C could represent an underestimation since the questionnaire was administered by the female cultural mediator from the country of origin – this could cause a limitation in the study.

It is well known that FGM leads to a host of health issues, including complications during pregnancy (EIGE, 2012). However, research into access to sexual and reproductive health highlights that most refugee women lack trust in medical practitioners in Malta and that documents, employment, financial security tend to take precedence over health concerns. Moreover, refugee women's understanding of sexual and reproductive health is often limited to pregnancy (Kopin & Integra Foundation, 2016).

FEMALE GENITAL MUTILATION (FGM) WHERE DOES IT HAPPEN?

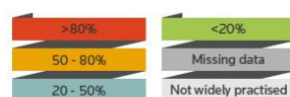


FGM is practised in 28 African countries and parts of the Middle East and Asia. It is also found in immigrant communities worldwide.

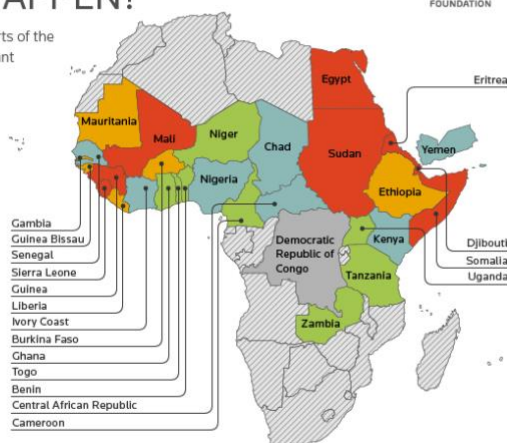
An estimated 100 to 140 million girls and women have been subjected to FGM. In Africa, around 3 million girls are thought to undergo FGM every year.

FGM is often a prerequisite for marriage, but it can cause life-long physical and psychological problems.

FGM PREVALENCE FOR WOMEN AGED 15-49



Source: UNICEF and Population Reference Bureau



2012 Thomson Reuters Foundation

Refugee women living in Malta feel at loss when attempting to navigate the health system, and are often unable to communicate with health practitioners due to language and cultural barriers. Lack of effective communication leads to practical issues, as well as hinders the establishment of trust between medical professionals and their patients. Women feel anxious, frustrated and uncomfortable as a result of their inability to verbalise their questions and concerns. Conversely, due to their often limited awareness of the migration/asylum context, lack of 'spiritual competency' or dearth of training in cultural awareness and sensitivity, many health practitioners also experience difficulties and frustrations when interacting with refugee women¹⁷ (Kopin & Integra Foundation, 2016).

Research studies conducted in Malta highlight the multiple and interlocking vulnerabilities experienced by migrant and refugee women. Women who migrate to Malta are not only likely to have a history of violence in their homelands, but also to be subjected to violence during the journey and even, upon arrival in Malta. On top of this, they often feel lost and confused when attempting to navigate a complicated system and due to language barriers or cultural issues, might not access support services, and if/when they do, feel excluded and misunderstood. These findings are substantiated by international research, which highlights that lack of knowledge of/ lack of access to services, united with social and emotional isolation

¹⁷ This continues to be an issue, despite the numerous efforts in terms of education of professionals and migrants, made by the Migrant Health Liaison Office since 2008. For more information go to: <http://deputyprimeminister.gov.mt/en/phc/mhlo/Pages/mhlo.aspx>

from the community can lead to severe consequences for migrant women, particularly for victims/survivors of violence (Easteal, Patricia & Bulletin Staff, 1996).

Gaps in the literature

Although there is a growing body of literature examining violence through an intersectional lens, there is still a perceived and tangible divide between the extensive literature on migration, which focuses primarily on men, and the literature on VAW/GBV, which does not always give enough consideration to the experiences of migrant women. Not only is more research on the gendered migration processes in Malta needed (IOM, 2016), but more attention to issues such as DV and IPV among migrant and refugee women is required. The need to address such issues emerged strongly in our interviews with migrant women, presented in the next section.

Much of the existing literature available in Malta revolves around the experiences of Somali women; it is crucial to include the voices and experiences of a variety of women belonging to different cultural and ethnic groups. Moreover, human trafficking remains, to this day, an under-explored phenomenon. Future research, both in the context of Project CAPTIVE and beyond, ought to address these gaps.

Women's voices

Methodology

In May 2017 semi-structured interviews were conducted with two migrant women who have experienced DV, originating from the Philippines and Montenegro respectively. Ethical approval for the interviews was sought and obtained by the University of Malta Research Ethics Board (UREC) (see Appendix 1). Access to interviewees was provided by second-stage shelter Dar Qalb ta' Ġesu'; respondents were identified with the help of the staff and interviews took place at the shelter. Interviewees were introduced to the study and its objectives and reassured that the information provided would be treated with confidentiality and anonymity. Respondents were asked to sign a consent form (see Appendix 2), were

informed of the possibility of interrupting the interview/withdrawing at any stage and of getting in touch for any queries following the interview.

Interviews consisted of 9 open-ended questions (see Appendix 3), addressing a variety of issues, including migratory journeys, reasons to leave the home country, experiences of violence, support received and barriers to help-seeking. Interviews lasted approximately one hour and adopted a loosely structured, conversational approach (Noaks & Wincup, 2004), allowing the women to digress and feel at ease. Although the researchers relied on a questionnaire, a story-telling approach aimed at exploring respondents' lived experiences, was employed. Interviews were not recorded, rather detailed notes were taken by the researchers. Although key issues were extracted from the interviews, due to the small sample, thematic analysis was not feasible. The data was stored online in a password-protected folder.

Testimony n. 1 Montenegro

'All day alone in Malta, I could not speak at all since I did not know English'
Gina¹⁸, from Montenegro

Leaving Montenegro in 2001 with her husband and 13-month old son due to the conflict and job-related issues, Gina sought refuge in Malta alone. Her daughter and her husband's sons followed shortly afterwards. Gina did not speak any English and would spend all her days alone. After a few years, her husband started drinking and when intoxicated, would be physically abusive towards her, as well as engage in sexual acts with her friend's daughter, who lived under their same roof. 12 years after moving to Malta, she decided it was time to separate from him.

For all those years she kept the violence a secret, even from her own children. In 2013 she decided to speak up, sought and found help: a lady from San Ġwann provided her with financial support and made contact with Dar Merħba Bik and Appoġġ. She spent nine months living at the shelter with her son, but her ex-husband continued to stalk her and at some

¹⁸ Pseudonym

point, managed to kidnap her son and take him to Serbia. Gina's son told his mother that he was considering using his father's gun to commit suicide. Gina was terrified.

After so much violence, life took a turn for Gina. She is now working and living in the north of Malta. She managed to reunite with her son, who is currently studying in Malta. All her children are settled. She was not left alone in facing the violence - aside from the lady from [name of locality] who put her in touch with Dar Merħba Bik, she received financial help and practical assistance from a family from [name of locality]. Government agencies, except for Appoġġ, were not very supportive - Gina relied primarily on the community and the Church for assistance.

Testimony n. 2 – Philippines

'My constant thought is how he keeps getting away with all this violence'
Lea¹⁹ from the Philippines

Lea left the Philippines 20 years ago to work as a nanny. She had never heard about Malta before and the country was totally unfamiliar to her. Looking out of the plane window, she thought the houses resembled small boxes. Lea worked as nanny for a while, then she met a Maltese man, got married to him and had a child. The relationship turned rocky and they eventually decided to separate by common accord. After her separation, Lea got into a relationship with another Maltese man. They were together for two years and he would hit her whenever she refused to have sex with him. He brought her to the shelter himself, and from then onwards, Lea transitioned from one shelter to another, unable to work because she suffers from fibromyalgia.

Her ex-partner was accused of domestic violence committed not only on her, but also on his ex-wife and other three former partners. Court was difficult for Lea – she felt foreign and discriminated against for not being Maltese. In Lea's experience, police officers would often side with the perpetrator, who they knew, and would make fun of her, because she is a foreign

¹⁹ Pseudonym

woman. Nevertheless, not all her encounters with the police were negative: she met a female police officer from [name of locality] police station, who provided her with valuable support.

Lea is no longer scared, she has overcome the fear that afflicted her for a long time thanks to the help received from support services. Lea believes that foreigners should be taught how to stand up for themselves in Malta.

Discussion

Both interviews are powerful testimonies of the specific challenges faced by migrant women, victims/survivors of IPV at the hand of a partner or husband. Both women reported having received valuable support from Appoġġ, Dar Merħba Bik and Dar Qalb ta' Ġesu', as well as from private citizens, in the case of the Montenegrin interviewee. The women highlighted lack of support from government agencies (except for Appoġġ) and the police; the Filipino interviewee further stressed the impact that gender and nationality have on court proceedings and the discrimination faced in the court setting. More qualitative interviews with migrant women (particularly asylum seekers and refugees) are required to shed light on the specific vulnerabilities faced by this target group.

Interviews with stakeholders

Methodology

In the context of Project CAPTIVE, a number of stakeholders operating in the fields of migration, crime and violence against women were identified and contacted via email and/or phone for an interview. Participants received the information sheet and questionnaire via email (see Appendices 4 and 5) and were informed of the possibility of a face-to-face interview between May and June 2017. A number of face-to-face interviews were conducted with the Directors of several organisations or a relevant staff member. Several organisations preferred to compile the questionnaire autonomously and revert back via email. The researchers did not receive any response from Appoġġ, the main provider of social services in Malta and the Women's Rights Foundation. Due to time constraints, information from these two organisations was not gathered. The sample is also missing the contribution of the

Jesuit Refugee Service, a local NGO providing legal assistance and social work services to asylum seekers and refugees²⁰. At the time of writing, 9 questionnaires were collected. Please find a list of stakeholders below.

<p>Aditus Foundation is an NGO established in 2011 by a group of young lawyers. Aditus provides legal information and legal aid on issues within the remit of human rights law. The legal service for migrants covers the asylum procedure: first and second instance, subsequent applications, Dublin III challenges, family reunification, work and residence permits, discrimination and access to entitlements. Website: http://aditus.org.mt Email: info@aditus.org.mt</p>	<p>Mount Carmel Hospital is a mental health hospital that provides an integrated range of community and hospital mental health services through specialist multi-disciplinary teams. Website: https://health.gov.mt/en/mch/Pages/home.aspx Email: customer-care.mhs@gov.mt</p>
<p>APPOĠĠ is the national agency providing psycho-social welfare services to children and families in the community. Website: https://fsws.gov.mt/en/appogg/Pages/overview-appogg.aspx Email: appogg@gov.mt</p>	<p>NCPE (National Commission for the Promotion of Equality) is an independent, government-funded body that works to counter discrimination based on sex/gender, sexual orientation, age, religion or belief, race, ethnicity, gender expression or identity in the area of employment and education; as well as discrimination based on gender or racial/ethnic origin in the provision and supply of goods and services. The NCPE also promotes and safeguards freedom of movement for workers in the EU. Website: https://ncpe.gov.mt Email: equality@gov.mt</p>
<p>Dar Merħba Bik is a shelter for female victims of domestic violence and their children. Website: https://www.facebook.com/darmerħbabik/ Email: merħbabik@onvol.nt</p>	<p>The Malta Police Force is the national agency responsible for law enforcement on the island of Malta. The Police Force has the dual role of conducting investigative work and ensuring national security. The Malta Police Force also collaborates with NGOs and other services such as the medical sector to provide for the needs of migrant women. Website: https://pulizija.gov.mt/en/Pages/Home.aspx Email: cmru.police@gov.mt</p>
<p>Dar Qalb ta' Ġesu' is a shelter for women who have suffered domestic violence and their children. The shelter offers a holistic therapeutic service to a maximum of 9 families, empowering women to overcome the battering and rebuild their lives. Website: http://www.darqalbtagesu.com Email: dqgadmin@go.net.mt</p>	<p>Victim Support Malta is a non-governmental organisation supporting victims of crime such as a theft, burglary, rape, domestic violence, cybercrime and other through the provision of emotional support, legal information and practical assistance. Website: www.victimsupport.org.mt Email: info@victimsupport.org.mt</p>
<p>Integra is a non-profit organisation established in 2004, which aims to open up space for marginalised individuals and groups to be listened to. Its key areas of work are advocacy, research, community development and international development. Website: https://integrafoundation.org/ Email: integrafoundation@gmail.com</p>	<p>Women's Rights Foundation (WRF) is a voluntary organisation which seeks to inform, educate and empower women concerning their legal rights. Website: http://www.wrf.org.mt/ Email: info@wrf.org.mt</p>

²⁰ See: <http://www.jrsmalta.org/OurSections.aspx?id=221298>

<p>Migrant Women Association is a non-profit organization working towards the social & community advancement of migrant women in the Maltese Islands. The MWAM seeks to empower migrant women to enable them to fully integrate within the society of the host country, in this case the Maltese Islands, and to realize their full potential. Website: http://migrantwomenmalta.org/ Email: migrantwomenmalta@gmail.com</p>	
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Findings

All of the stakeholders interviewed reported having a **degree of interaction with immigrant communities**, ranging from 100% in the case of organisations like Integra Foundation and the MWAM, to 50% in the case of Dar Qalb ta' Gesu, down to 20%-30% for organisations like Aditus Foundation and Dar Merħba Bik and 10% for Victim Support Malta. Mount Carmel reported providing services to approximately 15 migrants per month. Among the nationalities mentioned by interviewees were Somali, Nigerian, Eritrean, Ethiopian, Serbian, Middle-Eastern, Eastern European, Egyptian, Moroccan, Russian, Sudanese, Italian, Polish, Norwegian, Finnish, British, Hungarian, Bulgarian.

In terms of services provided, all respondents stated that they **lack a specialised service for migrant women who have suffered DVA**. Dar Merħba Bik stressed that it acts as an emergency domestic violence shelter for all women who have suffered DV, whether local or foreign. Similarly, Dar Qalb ta' Gesu' highlighted that it offers services for all battered women, regardless of their nationality. Mount Carmel provides psychological care to both migrant men and women. All services except for those provided by the two shelters included in the sample are fee-free.

Most service providers reported that staff receive specific **training in the issues faced by immigrant clients and in GBV**, yet only Mount Carmel, Dar Merħba Bik and Integra relayed that training is provided in both areas. Only one service provider stated that staff are not in receipt of training in GBV or immigration-related issues. Four service providers over nine confirmed that staff receive intercultural training; as regards the frequency of the trainings provided, the majority of service providers stated that training occurs on a fairly regular basis, on average every 3-6 months. Only the Malta Police Force, Mount Carmel and Integra

reported having access to inter-agency/multi-agency training in issues facing immigrant women victims/survivors of DV or sexual assault.

As regards **channels through which immigrant women access services**, the responses varied based on the procedures of the organisation in question. Most organisations receive clients through referrals from other NGOs, government, other professionals, word of mouth or via social media. In the case of the Malta Police Force, immigrant women can access services by reporting a crime or through complaint with the assistance of a lawyer or support agency. It is important to note, that with the exception of the Malta Police Force, women can access support services without the need to report the crime. The NCPE requires clients to fill out a complaint form available online.

Most stakeholders also mentioned **referring immigrant women to other services whenever deemed necessary**. Aditus Foundation stated that when sexual assault or DVA experiences emerge in the course of their work on asylum procedures, staff proceed to assess whether the situation is historical with minimal repercussions, whether it is historical with significant repercussions or is current and refer accordingly. Additionally, they assess whether it can have a bearing on the asylum case.

Stakeholders reported that various services that they offer, such as assistance with CV and child care, court accompaniment, emotional support services and empowerment appear to benefit migrant women. When asked to identify issues and problems faced by immigrant women specifically, stakeholders mentioned **concerns with documents, issues finding a job, lack of support system and access to child care, no access to rights, difficulties in navigating the system, cultural barriers, language, appearance, colour, religion**. Moreover, the majority of interviewees mentioned **issues of cultural sensitivity and awareness, and communication barriers** in the provision of services. Some services such as Dar Merħba Bik, Victim Support Malta or the Malta Police Force reported having access to interpreters to a greater or lesser degree, yet the wide majority of respondents argued that they do not rely on interpreters and cultural mediators. Although several service users mentioned the intention to take steps to address the gaps in service provision for immigrant women, such as further education or

training, funding and limited resources were also identified as major constraints by the wide majority of stakeholders interviewed.

Discussion

In line with the literature, a divide between services targeted at migrants and services targeted at women who have suffered violence emerged. Stakeholders that provide training to staff in GBV generally do not provide training in immigration issues, and vice versa. Although most services encounter migrant women to a greater or lesser extent, no stakeholder among those that were interviewed provides a specialised service for migrant women who have suffered DV²¹. Lack of funding and resources, a general lack of training in cultural sensitivity and awareness, and the difficulties in accessing the services of competent interpreters and cultural mediators represent the major issues faced by stakeholders in providing services to migrant woman who have suffered S/GBV.

BOX 1: Promising practice:

The Better Future Project by the Migrant Women Association Malta (MWAM)

In November 2017 the Migrant Women Association Malta launched a mental health referral/counselling service for survivors of Sexual and Gender Based Violence (S/GBV). S/GBV is loosely defined by the organisation as any act perpetrated against a person, without the person's consent, based on an imbalance in power dynamics.

The team, consisting of a mental health officer (for outreach and counselling), a counsellor intern, a project officer and seven interpreters, is currently seeking to pilot its services on 40 migrant women, with a particular focus on women from North-Africa, the Middle East, West and East Africa. Mental health services are offered with the aid of an interpreter; moreover, the organisation provides consultations on cultural issues and other mental health issues. In order to raise awareness about mental health among S/GBV survivors, MWAM are running weekly information sessions or 'women's circles' for residents of open centres centering on issues such as gender, gender inequality, discrimination and violence. The information sessions are instrumental in building trust with the women and identifying individuals who may benefit from individual counselling.

For more information on the project go to: <http://migrantwomenmalta.org/portfolio/better-future/>

²¹ In November 2017 Migrant Women Association Malta kicked off its 'Better Future' Project, focused on counselling and referral services for migrant women victims of S/GBV. The service is funded through a 1 year grant sponsored by the US Embassy. Since it was not active during the data gathering phase of the research, information on the service was not included in the mapping tool compiled by the organisation.

Conclusion

Migrant women fall into two loose categories: regular immigrants - i.e. those that come to Malta on a visa - and irregular immigrants - those smuggled into Malta. These categories are fluid and it is not uncommon for many women to fall in and out of irregularity. Although papers or lack thereof have a non-negligible impact on the lives of migrant women, the needs of migrant women go well beyond documentation and are often strikingly similar, regardless of status. Women are in need of guidance to access health, mental health, education, employment and housing services. They are often unaware of the existence of such services or of the specific support available to them. On top of this, linguistic and cultural barriers prevent the women from accessing support or fully benefiting from it. Most women lack knowledge about their legal rights – rights concerning equality, legislation about rape, reporting to the police and so on. They feel treated like aliens and outsiders in a country that appears to be unwittingly hosting them, and struggle to navigate what feels to them as an overly complex and convoluted system; they are often financially exploited and have health problems that they may not be fully aware of. They also face challenges in terms of integration and safety, which are augmented by their often limited linguistic and cultural awareness of the new country. To make matters worse, migrant women who experience domestic violence and decide to leave their abusive husbands, are confronted with the risk of being ostracized and rejected by their communities.

As regards services, this report highlights the existing divide between services catering for immigration issues and S/GBV issues. Although there are quite a few service providers providing valuable assistance to migrant women who have suffered S/GBV and more generally to immigrants or victimised women, there lacks a specific focus on migrant women victims of S/GBV. The specific needs of migrant women who have experienced or are experiencing S/GBV are given limited attention both in the literature and by existing services. As a result, there appears to be limited knowledge of the pervasiveness of S/GBV among female migrants and asylum seekers, particularly when it comes to IPV.

Recommendations

1. There is pressing need for more quantitative and qualitative research on the topic of S/GBV among migrant and refugee women in Malta. The research should focus on violence experienced in the home country, along the way and whilst living in Malta, such as FGM, rape, domestic violence and more. Research on human trafficking, particularly trafficking for the purpose of domestic servitude, labour and sexual exploitation is also necessary. The research should target women and girls residing in open centres - mostly African nationals, as well as more recently, Syrians - foreign women living in shelters for domestic violence and in the community, looking into their experiences of violence, understandings of what constitutes violence, but also, mental health, sexual health, emotional wellbeing. Due to shifts in migration patterns, research should target a range of nationalities including Libyans, Syrians, as well as Eastern Europeans and Filipinos. Moreover, research should also center on the criminal justice system to better understand the treatment of migrant women by the police, judiciary, lawyers, probation officers and so on.
2. More awareness-raising about existing services should be carried out in open centres, hospitals, local councils, schools by migrant women themselves. Information materials should be translated into the main languages spoken by migrants and refugees.
3. An Ethno-cultural Agent role, covered by migrant women receiving specialised training in S/GBV and local services, should be created. These women would be tasked with the responsibility of mediating between migrant women and local services. They would engage in awareness-raising in their communities, as well operate within existing institutions, particularly those lacking cultural mediators and interpreters.
4. More cultural mediators and interpreters should be recruited and trained specifically in how to approach women victims of S/GBV. Migrant women themselves ought to be given the opportunity to receive this training and access paid employment afterwards.

5. More specialised training for professionals focusing on forms of S/GBV among the migrant population, cultural sensitivity, empathy and transcultural care is required. This training should be provided to any professional who is likely to encounter migrant and refugee women in their day-to-day work, including immigration officials, the police, the judiciary, government staff, NGO staff, teachers etc.

6. Local services involved in supporting migrants on the one hand, and women victims of violence on the other, should coordinate their efforts in order to better accommodate the needs of migrant women. This could also include simplifying processes and ensuring swifter and more effective dialogue among providers, to minimise the risks of secondary victimisation, which may occur as a result of women being asked to repeat their stories multiple times. To this end, local services should consider creating a network dealing specifically with migrant and refugee women victims of S/GBV. A network of the kind is already in place in Portugal for instance, where APAV (Associação Portuguesa de Apoio à Vítima), the national victim support agency coordinates the Migrant and Victim Support network, which brings together various stakeholders to support immigrant victims of crime and discrimination (see Rede Unidades de Apoio à Vítima Migrante e de Discriminação: https://apav.pt/apav_v3/index.php/pt/apav-1/organizacao). As the sole provider of a specialised mental health service for migrant women victims of S/GBV, MWAM could sustain and lead such efforts, with the support and guidance of other entities.

7. Greater efforts should be devoted to promoting intercultural dialogue. Local service providers, community leaders and migrants should meet on a regular basis to discuss matters pertaining to gender equality and gender-based violence, in order to better understand the different cultural interpretations of such issues and put forward suggestions for cooperation, awareness-raising and training. The qualities and skills of migrant women should also be taken into consideration in the process – for instance, knowledge-exchange sessions between local women and migrant women working in the same profession could help shed light on different approaches to the work and different cultural interpretations of violence, pain and suffering.

8. Frustration in navigating services exacerbates migrant women's anxiety, sense of exclusion and severely affects their wellbeing. Initiatives to counter S/GBV must go hand in hand with efforts to promote integration, access to legal services, education, employment, childcare, health services and more for migrant women.

9. Promoting access to education and employment for migrant women should include efforts to render workplaces more diverse, in order for migrant women victims of S/GBV accessing these services to feel more comfortable, at ease and understood. To this end, speeding up assessment of skills and recognition of foreign qualifications processes could prove instrumental in opening up employment opportunities for migrant women.

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Appendix 1: UREC form

UNIVERSITY OF MALTA

Request for Approval of Human Subjects Research – Academic Staff

Please type. Handwritten forms will not be accepted

You may follow this format on separate sheets or use additional pages if necessary.

<p>FROM: <i>(name, address for correspondence)</i> Dr Trevor Calafato/Prof. Saviour Formosa/ Dr Janice Formosa Pace/Dr Sandra Scicluna Department of Criminology Faculty for Social Wellbeing</p>	<p>PROJECT TITLE: CAPTIVE - Cultural Agent - Promoting & Targeting Interventions vs Violence & Enslavement</p>
<p>TELEPHONE: 2340 2771</p>	
<p>E-MAIL: trevor.calafato@um.edu.mt</p>	
<p>FACULTY: Social Wellbeing</p>	
<p>DURATION OF ENTIRE PROJECT: from <u>1st December 2011</u> to <u>30 November 2011</u></p>	

ANTICIPATED FUNDING SOURCE: EU project under the Justice Daphne Strand
(include grant or contract number if known) JUST/2015/RDAP/AG/VICT/9243

1. Please give a brief summary of the purpose of the research, in non-technical language.

The proposed research, for which we are asking ethical clearance will take place during the first 6 months of the project. In each partner country, a research group made up of 2 researchers will examine the nature of Sexual/Gender Based Violence (S/GBV) facing migrant women in the local territory. Sexual/Gender Based Violence is defined in The Istanbul Convention as violence that is directed against a woman because she is a woman or violence that affects women disproportionately

Research with migrants will take the following format:

- 1) A literature based study; and
- 2) Preliminary research on the nature of S/GBV inside migrant communities will be based on exploratory case studies using the story telling method with migrant women.

The aim of this research is to investigate individual migrant experiences of S/GBV (refugees, asylum seekers and subjects with international protection) and the connections between cultural models and S/GBV.

2. Give details of procedures that relate to subjects' participation

(a) How are subjects recruited? What inducement is offered? *(Append copy of letter or advertisement or poster, if any.)*

Subjects will be recruited through an NGO working with migrant women the Moroccan Community in Malta.

We will give a leaflet to these NGO to distribute amongst migrant women. Those women who are interested in participating can contact the researchers directly, either by phone number, through an e-mail or letter.

Participants will not be offered any inducement.

(b) Salient characteristics of subjects—number who will participate, age range, sex, institutional affiliation, other special criteria:

3 to 5 migrant women who have experienced Gender Based Violence or who know people who have experienced Gender Based Violence. All subjects should be English speaking.

(c) Describe how permission has been obtained from cooperating institution(s)—school, hospital, organization, prison, or other relevant organization. (*Append letters.*) Is the approval of another Research Ethics Committee required?

The Maltese NGO will act as gatekeeper to identify migrant women victims or potential victims of S/GBV.

(d) What do subjects do, or what is done to them, or what information is gathered? (*Append copies of instructions or tests or questionnaires.*) How many times will observations, tests, etc., be conducted? How long will their participation take?

The length of each interview will be between one to two hours. Participants will be interviewed once and will be posed questions related to any experience of S/GBV.

(e) Which of the following data categories are collected? Please indicate 'Yes' or 'No'.

Data that reveals – race or ethnic origin	<u>Yes</u>
political opinions	<u>No</u>
religious or philosophical beliefs	<u>No</u>
trade union memberships	<u>No</u>
health	<u>No</u>
sex life	<u>No</u>
genetic information	<u>No</u>

3. How do you explain the research to subjects and obtain their informed consent to participate? (If in writing, append a copy of consent form.) If subjects are minors, mentally infirm, or otherwise not legally competent to consent to participation, how is their assent obtained and from whom is proxy consent obtained? How is it made clear to subjects that they can quit the study at any time?

Subjects will be asked to sign a written consent form. Such form will be explained to them before signing. They will also have the opportunity to stop the interview at any time. The attached consent form and information sheet are made available only in English because the target group should be English speaking

4. Do subjects risk any harm—physical, psychological, legal, social—by participating in the research? Are the risks necessary? What safeguards do you take to minimize the risks?

The subjects could risk psychological harm as they become more aware of the problems of S/GBV. Furthermore as they become more empowered they could risk a cultural ban due to being seen rebelling against norms. This said, the second and third phase of the project addresses these problems.

Should the researchers feel that the women are in danger (both psychological or physical), precautions will be taken in the form of alerting the NGOs and the police. Also, should the need arise support services (such as psychologists) would be made available to participants. Any fees incurred will be payed by the project.

5. Are subjects deliberately deceived in *any* way? If so, what is the nature of the deception? Is it likely to be significant to subjects? Is there any other way to conduct the research that would not involve deception, and, if so, why have you not chosen that alternative? What explanation for the deception do you give to subjects following their participation?

No, the subjects are not deceived in any way.

6. How will participation in this research benefit subjects? If subjects will be “debriefed” or receive information about the research project following its conclusion, how do you ensure the educational value of the process? (*Include copies of any debriefing or educational materials*)

These interviews will help raise knowledge about the experience of S/GBV among migrant women, where it occurs and how it occurs.

TERMS AND CONDITIONS FOR APPROVAL IN TERMS OF THE DATA PROTECTION ACT

- Personal data shall only be collected and processed for the specific research purpose.
- The data shall be adequate, relevant and not excessive in relation to the processing purpose.
- All reasonable measures shall be taken to ensure the correctness of personal data.
- Personal data shall not be disclosed to third parties and may only be required by the University or the supervisor for verification purposes. All necessary measures shall be implemented to ensure confidentiality and, where possible, data shall be anonymised.
- Unless otherwise authorised by the University Research Ethics Committee, the researcher shall obtain the consent from the data subject (respondent) and provide him with the following information: The researcher's identity and habitual residence, the purpose of processing and the recipients to whom personal data may be disclosed. The data subject shall also be informed about his rights to access, rectify, and where applicable erase the data concerning him.

I, the undersigned hereby undertake to abide by the terms and conditions for approval as attached to this application.

I, the undersigned, also give my consent to the University of Malta's Research Ethics Committee to process my personal data for the purpose of evaluating my request and other matters related to this application. I also understand that, I can request in writing a copy of my personal information. I shall also request rectification, blocking or erasure of such personal data that has not been processed in accordance with the Act.

Signature:

APPLICANT'S SIGNATURE:

I hereby declare that I will not start my research on human subjects before UREC approval

DATE

Return the completed application to your faculty Research Ethics Committee

Appendix 2 – Consent form

Name

Address

Email:

JUST/2015/RDAP/AG/VICT/9243 - CAPTIVE - Cultural Agent - Promoting & Targeting Interventions vs. Violence & Enslavement

Consent Form

Please read carefully the information provided here and tick (X) if you agree with the content. Kindly sign this form if you agree to participate in this research.

I am aware of the aims of the study and was given the opportunity to forward my queries

I am aware that I can withdraw from the study at any stage

I am consenting for the CAPTIVE researchers to use the information provided during the interview for research and for **JUST/2015/RDAP/AG/VICT/9243**

I am aware that all information published will not render me identifiable

All the information will be treated with strictest confidentiality but exceptions arise

if information revealed in harmful to self and/or others

I (name in block letters) _____ the undersigned give my consent to participate in the research study outlined above.

Participant - Signature

ID No:

Appendix 3 – Questionnaire for the women

Questions for women participating in the CAPTIVE study

Preamble:

We understand that many women flee violence in their countries of origin, or during their journey to other countries, indeed many women are vulnerable to abuse and violence when they arrive and live in a new country. They may feel frightened to get help, or be isolated by the abuse and not knowing the language in the new country. We are working with partners in Europe to try and make things better for immigrant women who are survivors of violence. This includes improving the services they receive by training the people who work to support women, especially the first responders such as the police.

1. Can you tell me your story about your experience of leaving [your country of origin]?
2. What were the most important reasons for leaving [your country of origin]?
3. Please tell me a little about the journey you undertook?
4. What it was like when you arrived?
5. I understand you have experienced violence directed towards you. Can you tell me about supports you received in [your country of origin]?
6. Can you tell me about any supports you received since arriving in Malta for any experiences related to your wellbeing/mental health/the abuse or violence?
7. Have you experienced barriers in trying to get help? If yes, can you tell me about the barriers you encountered?
8. What services/support have you received that you think worked well/benefited you the most?
9. Where have there been gaps in the responses/services/support you received?

Appendix 4 – Information sheet for professionals

CAPTIVE

Cultural Agent - Promoting & Targeting Interventions vs Violence & Enslavement

To whom it may concern,

This study aims at exploring the lived experiences of the Gender Based Violence (GBV) within migrant communities. This project is partly financed by the European Commission under the Daphne/Justice Strand (JUST/2015/RDAP/AG/VICT/9243).

This research involves a set of exploratory studies with individuals with lived experience of GBV and/or potential victims of GBV. Besides analysing individual migrant experiences, another part of this project is mapping the specialist services for GBV that support immigrant women.

Thus, professionals and relevant entities are receiving this information and invited to take part in this study by answering the questions as found in the Mapping Tool attached with this email.

Thank you for reading this information. If are interested in participating and answering the questions in the Mapping Tool please contact:

Dr Trevor Calafato on trevor.calafato@um.edu.mt to fix an appointment.

Thank you for your consideration. We look forward to hearing from you.
Kind regards,

Appendix 5 – Mapping tool

Mapping tool for gender based violence services with specialist support for immigrant women

Name of Service	
Location / Country	
Geographical region served	
Estimated population served	
Number of service users per year (latest available data)	
% of clients who are from immigrant communities?	
What are the main countries of origin for immigrant clients?	
Type of service (e.g. forensic, medical, psychosocial/practical, police or legal)	
Specialist services for immigrant women victims of DVA	

About the service	Comment		
What does this service do, and how does it work with other agencies?			
Activity	Yes	No	Comment
Staff are specifically trained on issues facing immigrant clients?	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are specifically trained on GBV?	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are trained on the gender perspective?	<input type="checkbox"/>	<input type="checkbox"/>	
Staff are given intercultural training?	<input type="checkbox"/>	<input type="checkbox"/>	
Training is repeated periodically?	<input type="checkbox"/>	<input type="checkbox"/>	How often is training provided?
Inter-agency/multi-agency training is available focusing on issues facing immigrant women DVA/sexual assault victims?	<input type="checkbox"/>	<input type="checkbox"/>	
Services provided are fee-free or free at the point of delivery	<input type="checkbox"/>	<input type="checkbox"/>	
The service shares information with other agencies when necessary.	<input type="checkbox"/>	<input type="checkbox"/>	Describe situations in which information sharing about immigrant clients is undertaken and with which other agencies.

How do immigrant women access the service?	Describe referral routes to the service
What tasks does the service undertake when responding to immigrant women who have experienced sexual assault/DVA?	How does the service work from the first point of contact with a victim?
How does the service meet the needs of immigrant women specifically?	Have processes/procedures been changed? Are translators/interpreters used?
Are there needs that immigrant women have that are different to those of non-immigrant women?	
How does the service need to change to improve its response to immigrant women?	
What changes have been planned in order to meet these needs?	
Which aspects of service provision work well for immigrant women?	
Does the service have sufficient funding to be able to support the needs of immigrant women?	
What are the greatest challenges or barriers for the service in meeting the needs of immigrant women?	



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