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# WORKSTREAM 1: Malta

Analysis and identification of good practices



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Literature on the intersection of gender and migration, where available, addresses issues such as **violence during the migration process**, **sexual and reproductive health** (SRH) and **female genital mutilation** (FGM).

Two main strands of literature:

- **Migration-related issues**

- migration to Malta
- reception and detention
- Integration

- **Violence issues**

- violence against women (VAW)
- gender-based violence (GBV)
- specific focus on intimate partner violence (IPV)



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## Migration

- Malta's transition **from a country of emigration to a destination for immigrants**: 30s – 60s – 2000s...
- **Peaked in 2013** and declined since
- Various **Legislative tools**
  - National
  - European
  - International
- A situation that was not helped by the **EU's slow realisation of the gravity of the situation and also lack of funds** required to aid in the identification, monitoring, retrieval and managing of the phenomenon, as well as reluctance in burden sharing
- **Deals** between neighbouring countries, still ongoing on an ad hoc negotiation..... With a significant move towards the right...



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## Migration

- **Detention Centres**
  - From 18 months reduced to 2-12 months
  - Only 30 individuals as at December 2014 and minimal to date
- **Open Centres**
  - accommodate asylum-seekers, refugees, beneficiaries of subsidiary protection, failed asylum-seekers enjoying national protection, and other migrants



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



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Migration (based on medical examinations conducted by Padovese et al. in 2010-2011)

- The **majority** of people in the open centres were **male** and had been **detained for an average of 6 months** prior to being transferred to an **open centre**
- Only **31% of migrants resulted to be in good health**, with the most frequent diagnosis being skin diseases, respiratory diseases and gastro-enteric diseases
- **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



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## Migration

- **Integration** Issues
- At time of study, a fully-fledged integration policy was still in the process of being implemented in the Maltese context
- Access is often hampered by **lack of information** and **difficulties in communication** arising from language barriers
- It is also the case that in some instances migrants with an **uncertain immigration status feel discouraged** from investing too much time and energy in integration
- Another major obstacle is discrimination: **Africans are the main target of discrimination** and represent the minority group with the highest rate of unemployment



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## Migration

- **Integration** Issues
- The findings underscored **high rates of unemployment**
- This **in spite of women's high qualifications** and **work experience**
- The main obstacle to **accessing and securing employment** being **discrimination** on the basis of **age, religion or nationality**
- Broad reliance on **seasonal employment or casual jobs** put asylum seekers living in Malta at an **increased risk of poverty**



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## Violence against women and gender-based violence

- Various legislation:
  - Chapter 481, Domestic Violence Act
  - Chapter 452, Employment and Industrial Relations Act
  - Chapter 456, Equality for Men and Women Act
  - Chapter 9, Criminal Code
- The **Gender-Based Violence and Domestic Violence Act**
  - Bill issued for public consultation in 2016
  - Act XIII of 2018 was enacted on 14th May, 2018 as Chapter 581
- 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 till 2017**



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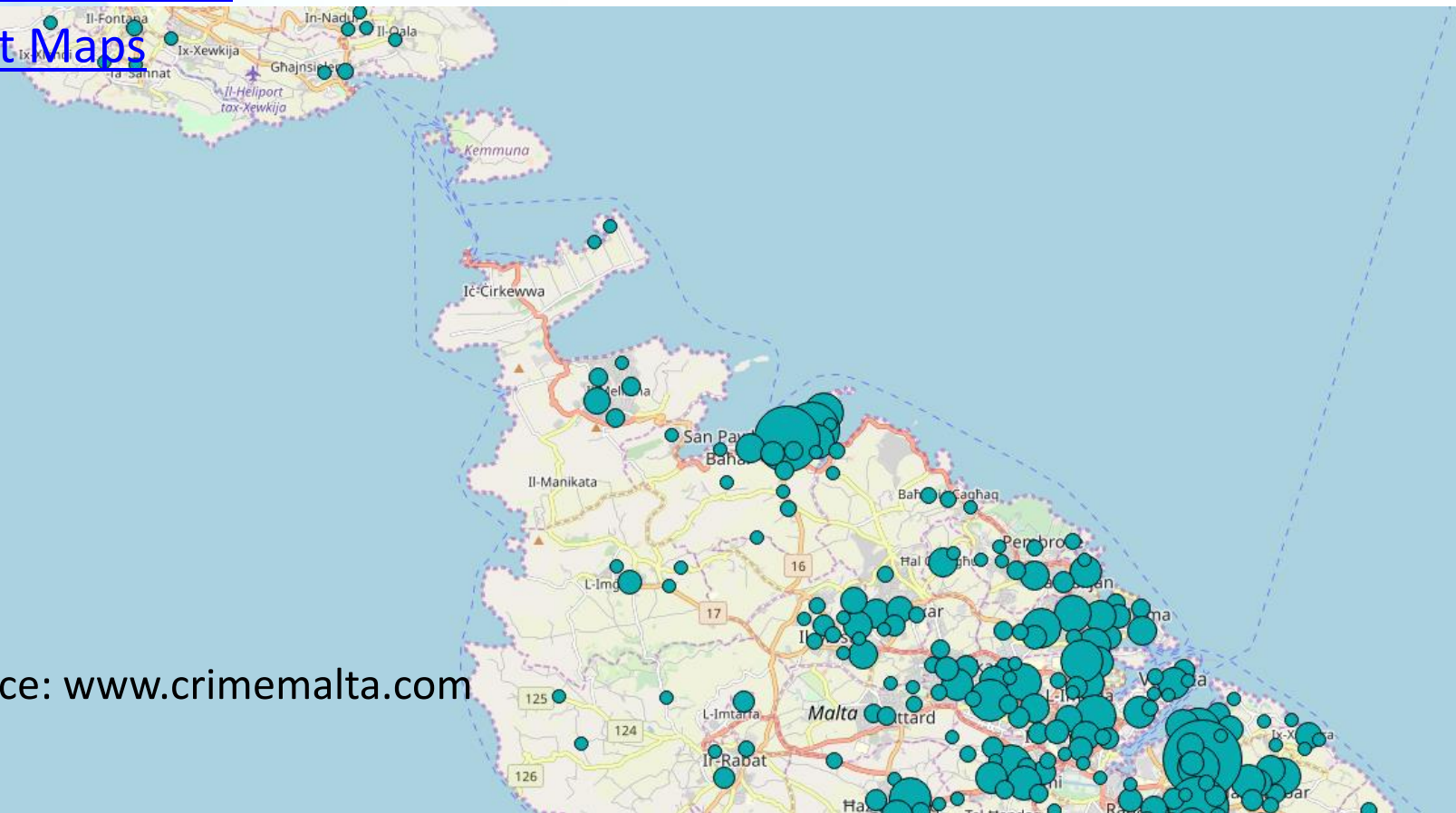


# CrimeMaps

## Main Category

## Sub Categories

## Heat Maps



Source: [www.crimemalta.com](http://www.crimemalta.com)

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- 1205 cases (7% of all offences) in 2015
- 1272 cases in 2016
- 1257 in 2017
- An increase of **180% between 2008 and 2017**
- A slight decrease of 1% between 2016 and 2017



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## Violence against women and gender-based violence

- 2011 study on domestic violence 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
- NCPE (2015) study on elderly 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**
- A rather worrisome finding is that around **44%** of the interviewed victims **never reported the abuse**



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## Violence at the intersection of gender and migration

- Most of the **studies examining violence** at the intersection of migration and gender **focus on Somali women**, allegedly due to the **Somali** community being **one of the largest migrant communities in Malta**
- **Fear and insecurity act as drivers for migration**: rape and sexual violence are a daily reality in Somalia and are used as a weapon by soldiers and civilians alike
- **Single women are the most vulnerable to violence** and thus **most likely to flee the country** in the quest for safety.
- **Departure does NOT put a cap on vulnerability**:
  - dynamics are made worse through abuse of power, sexual 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



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## Violence at the intersection of gender and migration

- **Poor living conditions in detention centres** have a severe impact on the health and safety of female asylum seekers - Many women allegedly **purposely get pregnant**, in the **hope of being moved to an open** centre
- 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
- Refugee women's **understanding of sexual and reproductive health is often limited to pregnancy**
- 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**



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## Gaps in the literature

- 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**
- **Literature on VAW/GBV does NOT** always give enough consideration to the experiences of migrant women
- Moreover, **human trafficking remains, to this day, an under-explored issue**
- **Research on and knowledge of trafficking in the Maltese context remains scarce**



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# What are the women's experience



## Findings

- Interviews with **migrant women** victims of S/GBV
- Testimony n. 1 – Montenegro
  - Abuse by husband
  - Kidnapping of son
  - Stalking
  - Found local help from individuals
  - Police not very helpful
  - Support by Appogg and other church agencies
- Testimony n. 2 – Philippines
  - Abuse by partner
  - Continuous migration between shelters
  - Police knew the abuser and did not help much
  - Services helped



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# What are the women's experience



## Findings

- Both women reported having received valuable support from Appogg, Dar Merhba Bik and Dar Qalb ta' Gesu'
- Received help as well from private citizens, in the case of the Montenegrin interviewee
- Both women **highlighted lack of support from government agencies and the police**
- The Philippine interviewee further **stressed the impact that gender and nationality** have on court proceedings and the discrimination faced in the **court setting**
- Philippine interviewee argues that there is a **need to teach foreigners how to stand up for themselves in Malta**



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# What are the service providers' experiences



## Interviews with Stakeholders

- Aditus Foundation
- APPOGG
- Dar Merhba Bik
- Dar Qalb ta' Gesu
- Integra
- Migrant Women Association
- Mount Carmel Hospital
- NCPE (National Commission for the Promotion of Equality)
- The Malta Police Force
- Victim Support Malta
- Women's Rights Foundation (WRF)



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# What are the service providers' experiences



## Findings

- **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
  - to 20%-30% for organisations like Aditus Foundation and Dar Merhba Bik and 10% for Victim Support Malta
  - Mount Carmel reported providing services to approximately 15 migrants per month
- **Nationalities served:**
  - Somali, Nigerian, Eritrean, Ethiopian, Serbian, Middle-Eastern, Eastern European, Egyptian, Moroccan, Russian, Sudanese, Italian, Polish, Norwegian, Finnish, British, Hungarian, Bulgarian



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# What are the service providers' experience



## Findings

- All respondents stated that they **lack a specialised service** for migrant women who have suffered DVA
- Dar Merhba Bik and Dar Qalb ta' Gesu' stressed that it acts as an **emergency domestic violence shelter** for all women who have suffered DV, **regardless of their nationality**
- Mount Carmel provides **psychological care** to both migrant genders
- 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 Merhba Bik and Integra relayed that training is provided in both areas



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# What are the service providers' experiences?



## Findings

- Channels through which services are **accessed vary by entity**
- **Cross-referral occurs** between entities
- **Identified issues and problems** faced by immigrant women:
  - concerns with documents, issues finding a job, lack of support system and access to child care, no access to rights, difficulties navigating the system, cultural barriers, language, appearance, colour, religion
- Although several service users mentioned the intention to take steps to address the gaps in service provision for immigrant women exist, there is a **need for:**
  - **further education or training**
  - **Funding**
  - **Help with limited resources**



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## Findings

**Two main loose categories of migrants:** fluid categorisation

- **Regular** - Entry through visa
- **Irregular** - Smuggled In

**Needs go beyond documentation but on guidance to access health, mental health, education, employment and housing services**



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## Findings: **Realities on the Ground**

- Unaware of the existence of such **services** or of the specific support available to them
- **Linguistic and cultural** barriers prevent the women from accessing support or fully benefiting from it
- Lack **knowledge about their legal rights** – rights concerning equality, legislation about rape, reporting to the police
- Feel treated like aliens and **outsiders** in a country that appears to be **unwittingly** hosting them
- Struggle to **navigate** what feels to them as an overly complex and convoluted system
- Are often **financially exploited** and have **health problems** that they may not be fully aware of
- Face challenges in terms of **integration and safety**
- 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**



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## Findings: **Services**

- Existing divide between services catering for immigration issues and S/GBV issues – **lack of a specific focus on migrant women and 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 **Intimate Partner Violence**



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## Findings: **Recommendations - One**

- **Pressing need for more quantitative and qualitative research** on the topic of S/GBV among migrant and refugee women in Malta
- 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**



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## Findings: **Recommendations - One**

- 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



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## Findings: **Recommendations - Two**

- 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



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## Findings: **Recommendations - Three**

- 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



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## Findings: **Recommendations - Four**

- 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



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## Findings: **Recommendations - Five**

- 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



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## Findings: **Recommendations - Six**

- **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
- 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



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## Findings: **Recommendations - Seven**

- 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 understandings 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



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## Findings: **Recommendations - Eight**

- **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



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## Findings: **Recommendations - Nine**

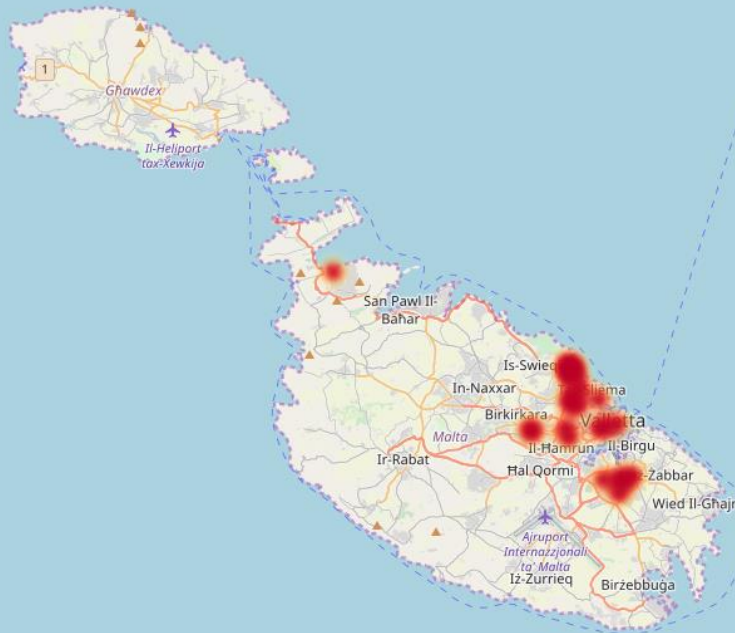
- Promoting **access to education and employment** for migrant women should include efforts to render workplaces more diverse, in order for migrant women victims of S/GBV accessing these services to feel more comfortable, at ease and understood
- To this end, **speeding up assessment of skills and recognition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



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# Thank You



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