

“TRY TO UNDERSTAND”

Jesuit Refugee Service Malta



Outcomes of a project on sexual and gender-based violence among immigrants



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“When a woman leaves her country and family behind, it means something big, she must be hurt to do this; women don’t like to run from here to there, they like to settle. So ask yourself: Why did she have to leave? I wish you would put yourself in her position: Don’t just make an expedient judgment, try to understand.”

*Amina, Egypt*



## Introduction

### Do they hear you when you cry?

We can think of no better way to introduce this booklet, than by borrowing the title of a bestselling novel by Kassindja Fauziya, an African woman whose fight against harmful tribal custom in her country prompted her to flee as an asylum seeker to the US, where she was detained. This booklet is about immigrant women in Malta who were or are subject to, or at risk of, sexual and gender-based violence (SGBV).

Since 2002, Malta has received an increasingly large number of migrants who depart from Libyan shores in a desperate bid to reach the European mainland. All, including women and children, are detained on arrival for illegal entry in terms of the Immigration Act; most apply for asylum and whether this is granted or otherwise, are eventually released to live in the community. Most of the arrivals are adult men, travelling alone, but there are also a number of women, families and unaccompanied minors. In 2005, out of 1822 arrivals, 1624 were men, 121 women, six male children and 17 female children; in 2006 out of 1780 arrivals, 1603 were men, 146 women, 19 male children and 12 female children; and in 2007 out of 1694 arrivals, 1437 were men, 218 women, 33 male children and 14 female children.

In 2007 UNHCR decided to focus on SGBV in response to a felt lack of awareness of the problem in policy and practice. A project was set up in Malta to provide hitherto insufficient psychosocial and legal services to those affected by SGBV, and to prevent further incidents occurring in immigration detention centres or the community. JRS implemented the UNHCR-funded project entitled *SGBV Prevention and Response in the Context of Mediterranean Arrivals* between April and December 2007.

Since there was virtually no data about the incidence of SGBV among immigrants in Malta, we started out by identifying needs and mapping services available. We turned to the migrants themselves, and to people working with them, to understand what they perceived to be the problems and solutions so that we could tailor project activities to meet existing needs.

We trained cultural mediators and interpreters to join our team, held group sessions aimed at prevention in detention and in Open Centres, and undertook casework with individuals presenting with issues of SGBV. Due to limited resources, we initially decided to devote more attention to women and their experiences of SGBV, however we soon realised that it was imperative to work with men as well, and so we organised group sessions accordingly.

In this booklet, we present what we learned from our dialogue, our work and our observations, and from what the immigrants generously shared with us. We do so in the hope that the experiences, ideas and appeals shared by the immigrant women, will translate into the formulation of policy and practice that best protects their dignity and human rights.

## What is sexual and gender-based violence?

“Sexual and gender-based violence (SGBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially attributed gender differences between males and females. It includes acts that inflict physical, mental and sexual harm or suffering, as well as the threats of such acts and coercion.

Around the world, SGBV has a greater impact on women and girls than on men and boys. The term ‘gender-based violence’ highlights the gender dimension of these types of acts; in other words, the relationship between the subordinate status that women often have in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.”

*UNHCR Malta*



*Tribute to toiling mothers, Anne Berenge*



## In a nutshell

The immigrant women we met through the project hail largely from Africa, both northern and sub-Saharan countries. They come on their own or with their spouse or partner, sometimes with children, sometimes pregnant. The cultures they were born into are usually radically different from ours, like the world they left behind, which is characterised by poverty, disease, conflict, and patriarchal cultural beliefs. Many are unable to speak English when they arrive, and face either isolation or utter dependence on their partner or other men.

On arrival, they are detained in overcrowded centres characterised by poor living and sanitary conditions. Detained with both single and married men, women have no adequate security guarantees. Conditions in some Open Centres in the community, are not much better.

All these factors put women at risk of SGBV at home, in transit, and in Malta, the country hosting them. Through the project we met a number of women who have suffered or are suffering SGBV, specifically one of the following categories:

- Rape, sexual assault
- Trafficking
- Domestic violence
- Female genital mutilation (FGM)

In some cases, the SGBV suffered by women in their home country is directly relevant to their asylum claim.

Notwithstanding their past problems, the women want to deal with the here-and-now. For detained women, the deprivation of their liberty and poor living conditions are their most pressing worries. For those released to live in the community, the struggle to survive and provide for their children absorbs all their energy. The overriding concern to have their basic needs met, blocks attempts to work on other issues. Measures taken to address SGBV need to take account of this, and to take into account the reality that not only are conditions in detention and some Open Centres below internationally recognised standards, they also significantly increase women's vulnerability to SGBV.



## How we went about it

“We learned as we went along. We tried to see all the different facets together, amalgamating psychological, health and other issues, and gradually earned the people’s trust through group and individual sessions.”

*Lora Pullicino, nurse*

The project aims were implemented through:

- **Casework with survivors of SGBV**, with the provision of legal assistance and/or psychological support through JRS outreach work in detention and in the community.
- **Group sessions** for asylum seekers in detention, men and women, with a focus on health issues, particularly sexual and reproductive health, gender, cultural practices, as well as information about legal rights and obligations in Malta. The team’s psychologist, nurse and two cultural mediators held a total of 24 sessions with female detainees in Hermes Block, Lyster Detention Centre, while a psychologist, psychotherapist, nurse and cultural mediator held over 35 sessions with men accommodated in different sections within the same centre. The groups were divided by nationality, primarily into the following categories: Ethiopian/Eritrean, West African and Somali. A community education programme on health issues, was organised together with *Medecins du Monde* (MDM) in the Open Centres. A total of 16 sessions were carried out in three Open Centres: *Hal Far Tent Village*, *Dar Liedna* and *Dar Qawsalla*.
- **Training for cultural mediators and interpreters.** Cultural mediators received intensive on-the-job training in helping skills and communications. Fourteen people of different nationalities benefited from a training course to be interpreters for different institutions, including JRS, UNHCR and government entities. The course covered basic skills of interpreting, language assessment, and interpretation in psychological, legal and medical contexts, as well as interpretation for UNHCR.
- **Advocacy** focused on enhancing awareness of the plight of female asylum seekers and the particular needs of survivors of SGBV, to ensure that they receive the protection they need. The issues which emerged as most pressing were the poor conditions in which women are detained, as well as lack of security for women within Detention Centres and in some Open Centres.

## Limitations

To an extent, the project was limited by time and resources:

- The project was of short duration, namely nine months;
- Mapping was not conducted among a scientifically selected and representative sample of immigrants, but rather through group sessions with immigrant women living in Open Centres and individual interviews with JRS clients who presented with issues of SGBV, all of whom were women;
- Some project activities, for example group sessions, were only carried out in one Detention Centre, Hermes Block, where women were detained during the lifespan of the project, due to lack of resources.

“I did National Service in my home country, Eritrea. I went against my will, because those recruited must remain in the army for an unlimited time. I spent a year and two months there, before managing to escape. During my time in the army, I didn’t serve my country at all. After three months of military training, they assigned me to a regiment and I was forced to become the slave of my boss, the commander. I had to do everything he told me to do. I cooked for him, served his guests, washed his clothes. He wanted me to have sex with him too. When I refused, he beat me. He would punish me severely if I did things he didn’t like. He would douse me with water and roll me in the dust on the ground, leave me outside in the burning sun; those days seemed like an eternity to me.”



## Sexual assault

Sexual assault refers to sexual contact, ranging from inappropriate touching to rape, that is non-consensual and achieved through the use or threat of force, or under unequal or coercive conditions. Coercion can involve intimidation, manipulation, threats of withholding a needed service, and blackmail (Minnesota Advocates, 2003).

When displacement occurs due to political instability and armed conflict, women and children are at risk of being sexually assaulted. Rape is often used as a tactic in conflict to achieve ethnic cleansing, enforce sexual slavery, or break community bonds as women are stigmatized and ostracized after being raped. Their vulnerability continues after they flee their homes, when they are in transit to countries of asylum (WHO, 2008d).

When women arrive in countries of asylum, they continue to be subjected to gender-based violence, particularly when they are in refugee camps or held in detention. In detention centres, their subordinate status among detained men and camp guards, along with the lack of their ability to physically protect themselves, increases their risk of being assaulted. Women who have suffered sexual assault are likely to experience anxiety, anger, depression, or post-traumatic stress disorder, and might attempt or commit suicide (WHO, 2008d).

### What we learned

#### Life or rape?

Women who seek shelter in Malta as undocumented migrants rarely bring any bags with them. Usually they have just the clothes they are wearing. Many, however, carry very heavy baggage within: their experience of sexual assault and other gross violations of human rights. “The stories some of the women have to tell... sheer shock, of being raped again and again, of watching members of their family being killed before their eyes,” says Lara Dimitrijevic, JRS legal case worker.



Nadya Abdilla, the project psychologist, discerned a stark “life or rape” choice facing couples living in conflict-stricken areas. “In Somalia, for example, due to war, men stop going out because they have a greater chance of being killed. So women go, and risk being raped. Life or rape, the man’s life, the woman’s rape: different expressions of this came up in both groups, men and women, we held sessions with.” The same desperate decision is faced in journeys through deserted, dangerous areas, via illegal channels. Again we picked up the very strong experience of violence and rape, with comments like: “We were stopped in the Sahara by men who said: give us your women or we will leave you in the middle of the desert.” This type of ‘barter’ is very common.

Not surprisingly, significant stigma is attached to rape and sexual assault, so that women are very ashamed to speak about it in public. “It comes out a lot when I am speaking to individual clients,” says Nadya. During the group sessions, most women seemed very defensive at the mention of any form of sexual violence, repeating with urgency “we were not raped”, clearly emphasising the high level of stigma associated with such an experience.

### **Why detention prevents healing**

Implementing this project, we realised that detention impedes women from overcoming the trauma of past experiences of sexual assault and rape. “Part of the limitations of talking about this, as a psychologist, is that in detention, people who would otherwise benefit from therapy are reluctant to come forward because they could easily be identified, there is so little privacy, and anonymity cannot be safeguarded, everyone knows what’s going on,” says Nadya. “It is only out of detention, when a woman is in safer and more stable living conditions and assured confidentiality and privacy, that she may be more willing to address these issues.”

Another aspect of life in detention that prevents healing is mixed-sex accommodation arrangements (see *Risk in detention*, below). One woman who experienced sexual assault specifically voiced her distress at having to sleep in the same room as men who are strangers: “I have stopped feeling safe since I was raped...and now I have to share a room and sleep in a bed a few steps away from that of a stranger. How can I feel safe and heal?” she asked Nadya.

While in detention, foremost in the women’s minds is just that: they are detained, deprived of their freedom and made to live in conditions deplorable to them. During our group sessions, participants wanted to focus on the many daily problems faced in detention (see *Life in detention* section). Although with time they were willing to move on and start discussing issues related to SGBV, strong feelings of anxiety and powerlessness lingered.

The women’s anxiety is due at least in part to the fact that they simply cannot understand why they have been detained. “A lack of security prevails in their lives: being violated is in some way prominent, especially in their past,” says Nadya. Soldiers barging into their homes; rape; beatings; unjust imprisonment: such are the memories of many of the detained women. Small wonder, then, that they fear for their safety when they find themselves under lock and key. “Why am I detained? Did I do anything wrong? We are not criminals.”

“Had I faced the violations that these women have, I would have gone insane,” says Lara. “What impresses me so much about them is that they manage to see what happened to them as an unfortunate happening in their life but they have moved on now. They feel they have hope for the future because they are in Europe.” However, detention drains the women’s strength, detracting from their hopes for a better future, so that depression, hopelessness and apathy set in instead.

### **Risk in detention**

Women are detained in Hermes Block, one of three Detention Centres currently in use in Malta (see *Life in detention* for a detailed description of Hermes Block). In any of the five Zones making up the block, single women, single men and couples share the same quarters and at times, the same rooms, which tend to be overcrowded, particularly during the summer months.

It is an undoubted reality that mixed-sex accommodation, managed by a Detention Service (DS) staff largely composed of men (there are only two or three women out of 160 officers on shift basis), heightens the risk of sexual assault, and the women’s feelings of insecurity and fear of the same.

Women detainees face a barrage of daily problems related to lack of privacy and safety, ranging from being watched while they shower, to actual rape (although the latter cases were very few, to our knowledge). Women who are alone are especially vulnerable. We are aware of instances where single women got pregnant in detention.

### *Staff*

The vast majority of DS staff do not abuse or in any way harm detainees, on the contrary they do their best to provide the best care possible in extremely difficult circumstances.

However, in the group sessions, the women complained about the behaviour of some of the staff towards them. This was one of the most pressing concerns when adjustment to detention was discussed. Issues raised ranged from occasional incidents like tear gas intrusion in the women’s rooms to daily happenings felt to be humiliating, for example, when DS staff just barged into bedrooms, showers or toilets without asking, to conduct head counts. Those who had been in detention the longest were most disturbed about this.

Some women complained about physical and verbal abuse from some members of DS staff. During a group session, when we explained that domestic violence is outlawed in Malta, a number of participants refused to believe that the law is upheld, considering that in detention women were sometimes the victims of violence inflicted by some soldiers. A telling comment was: “If they allow a soldier to hit you they are unlikely to do anything against your husband.”

### *Accommodation*

The current accommodation arrangements are totally inappropriate, re-exposing women to possible violence, adding to the level of threat felt and impinging on their sense of safety. Rooms have no locks

on the doors, and even if women happen to be accommodated in a Zone without men, the floors housing the Zones are linked by shafts, and it has proven extremely easy for men detained on a different floor to gain access to women's quarters through the shaft. It seems that staff were made aware of this problem but to our knowledge made took no steps to prevent it.

Hygiene arrangements are vastly inadequate. Women share bathrooms with men and there are no doors or even curtains concealing the showers. "The shower was very old and broken. I didn't feel comfortable taking a shower, because it was open," recalls Abby, who spent 13 months in detention. "There was no shower door, so the only way to show others you were in the shower was to put your clothes over the side wall, otherwise someone could just open the curtain and you had to scream."

One participant of the group sessions said she was harassed by a man who even followed her to the bathroom one night to watch her. She said she had mentioned this to the soldiers on shift but they had not taken her complaint seriously. This comment resounded with the experience of most group members who held the belief that "some of the soldiers do not take us seriously because we are women... there always has to be a man so that they do".

## **Implications for the Detention Service in Malta**

Not surprisingly, the participants of the group session asked for a separate Detention Centre for women, and for special arrangements for couples and married individuals to be accommodated separately. When asked if a separate Zone (within a block with other Zones) would be suitable, the women made it clear they felt this arrangement would not provide sufficient protection, because their quarters would still be easily accessible and the staff would still be male. They want to be accommodated totally separately and to be looked after by female staff.

"We were in detention for five months. We lived in a small room, two women and six children, ranging from one month to seven years. The uncertainty made us feel very bad. We were worried; we lost our appetite, lost weight. We no longer had any wish to live. We were deprived of our liberty, locked up for a long time. In detention we lived things we had never lived before. It wasn't just the soldiers, it was the environment, the different kinds of people, everything! We didn't feel safe. People would knock and come in and perhaps we wouldn't be fully dressed. Sometimes men would come into our room without even knocking. We had to sleep with the door open at night, we were not allowed to keep it locked, and we didn't know who may come in. We used to sleep with our clothes, the children too, in their jeans, because we felt at risk. We never felt relaxed or safe. We were afraid. We used to cook food for our children on a hotplate. Then the soldiers did a raid and took all the hotplates away. Eventually, a soldier kindly brought us another hotplate himself, after we pleaded and pleaded, reminding them that we have children to feed. They did not consider our special circumstances, that we had children."

## I wish I had never taken the first step

My story starts when I was five. I wouldn't say we were desperately poor, others were worse off. My mum worked, leaving early and only returning at 10 or 10.30pm. I had to cook and wash my own clothes. When my dad was around, it was more to hit my mum or one of us than anything else. My mum is such a quiet woman – you could knock her and she turned the other cheek. Four out of 10 children died, we couldn't afford medical care. My life changed when the sister immediately elder to me died. I remember they didn't tell us at first. It was panic and crying when we found out. My father blamed my mum and wanted to knock her about. She went to her brother's place, we joined her there. My uncle lived in Lagos, he was the best educated of the family. His life was big, huge, he had a car, a wife, he was always dressed nice, respected, an engineer. He told my mum: "I'll help you out with the kids. I need one young enough to forget, to fit in my house, grow up with my kids and forget her past life." They chose me.

It was like a trip – I didn't fully understand the consequences. I just jumped into the car, without shoes, with my torn t-shirt, and we drove for what seemed like a long time. We arrived at my uncle's place, a new house, so different. I was used to my dad coming home drunk and knocking my mother about. I used to go out of our house to hide in the forest, to wait for dark, until the screams were over. My brothers, sisters and I talked in whispers, because my father could be hiding anywhere and creep up on us. I grew up being scared all the time. On the first night at my uncle's place, I hid under the table – the fear of being hit was worse than the fear of them not finding me. I was shaking, waiting for screaming, shouting, beating, but it never came.



*The way, Willie Wamuti*

My new life began. My uncle treated me as one of his own, sending me to a private school, buying me clothes. But my aunt didn't want me, she wanted to take in a relative from her side, and I knew she hated me. Children tend to feel when they're not liked. When my uncle came home, she treated me normally. When he wasn't there, she used to hit me, cut me, rub my skin with chilli, and give me punishments, like standing against the wall with my hands up. Anything that happened was my fault. All the housework was left on my shoulders: the clothes, cooking, cleaning. They educated me on the one hand and made me their maid.

I got used to staring through people without seeing them, it was the only way of dealing with my aunt's taunts – to be there, but not to be there. She was always telling me things like: "No one wants you, so they dumped you here; you're a whore, a prostitute." She would insult my family too. I started to believe her, my mum kept all her other kids, why not me? When he took me away, my uncle cut off all contact with my mum. No one asked me how I felt about it all, and I had no one to talk to.

I know I was difficult: after being used to looking after myself, being in a house where everything was routine, and where I had to answer to someone, was strange. I didn't conform. I was always up to mischief, even at school. The more my aunt hated me, the more badly I behaved, and things got worse when I became a teenager. Eventually my uncle lost patience and told me: "I've had it with you." I can understand him, he tried his best. He returned me to my family, and refused when my mum begged him to take me back.

I was 14 at the time. My boyfriend made me pregnant. I wanted to keep the baby but everyone scared me, "you don't know what a baby is", and by the time I had saved enough money, I was four months' pregnant. No one realised at home. I went for a backstreet abortion and the doctor nearly killed me. I was wide awake, there was no anaesthetic and the doctor grabbed something and started knocking away. He took pleasure in picking out every bone and showing it to me. I don't know how I got home that day. I spent days and nights bleeding. Whenever I slept, I heard a baby screaming in my ears. My mother noticed something was wrong when I fainted at home one day; there was so much blood everywhere. I remember her crying her eyes out, but she managed to save me.

I went back to school but my mother couldn't afford the fees. She tried, I know she really tried. Then Charles turned up, this guy from abroad, money flowing. "You won't have to suffer anymore, you can make money," he told me, all the things I wanted to hear. I thought *this is it, my big break*. I left with him, we went to Algeria, I had a passport, everything. We travelled for nearly a month, through the desert. The reality sank in when we were robbed and had no more money to get to Spain, Charles' destination. I found out then what the deal was: to take me to Spain to be a prostitute. I didn't know this before. The papers we had didn't hold up and we were stopped at the border. Then I made another discovery: Charles had sold me to a friend of his, who wanted me or his money back.

I met John at our hotel. He offered to settle with Charles, to get him to leave me alone, and he told me about an uncle called Jeff in Italy. He asked me to join him in setting off for Italy through Libya. I had already experienced the road, I had already been tricked by one person, so why did I accept to set off



again? Well, there was nothing for me to go back to. We could barely survive.

John promised me all would be well. On the way, he changed. He started to beat the living daylights out of me when he was drunk, and rape me. When we reached Libya, he was broke. He wanted me to go to a Connection House – men go there for sex. At first I resisted, how I resisted. I refused to sleep with men at the Connection House, and the owner got mad, and reported me to John, who took things into his own hands and taught me a lesson. He beat me so badly. So I started having sex for money.

It was half for me and half for the owner, John used to take my share. After a while, I got very ill, but John couldn't care less. He would come, collect the money and disappear. I was 16 by this time, the youngest girl in the Connection House. All the other girls told me to go home: "This is not the life for you". But John forced me to stay. He chose my friends, where I went, who I spoke to. A friend of his, who bought her freedom from the men who took her to Libya, advised me to do the same. So I saved money on the side and offered it to John, telling him: "I want to buy my freedom." He was furious, he beat me viciously and that was the end of that.

One day, John heard a boat was leaving for Italy and decided to go. For days, we were lost at sea. It was terrible: without food or water, dehydrated, freezing cold, bodies floating in the water. There were nine women on that boat: John was the only one who looked out for his skin and didn't try to save his woman, me. He drowned. People tried to break it to me gently that he didn't make it. How could they know that I had silently prayed for him to drown?

In Malta I was detained and eventually released. I stayed in a shelter and met many good people who helped me to make it: social workers, doctors, the JRS lawyer, and those running the shelter. I've lived here for a while, I have a son, many friends, a job, and a home – I rent my own flat. Although I wish I had more permanent status, I'm happy.

But I still wish I had never taken the first step. My advice to other girls back home is: don't believe all the things they say, those guys who say there is a life out there. I wouldn't do it. You end up illegal 99.9% of the time, and you go through so much, you can't imagine, only to end up somewhere, without family, where you don't really fit. Is it worth it? Be happy with what you have. Where you are, you know what you have.



KAMONDIA

## Human trafficking

“Trafficking in persons shall mean the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Exploitation shall include, at the minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the Convention Against Transnational Organised Crime.

Trafficking in persons affects virtually every country in the world today. The majority of victims are women and children who are trafficked for sexual exploitation. Others are trafficked to become ‘slaves’ in people’s homes, where they are domestic workers, or in factories. One of the most lucrative illicit trades practised on a global level today, trafficking constitutes a breach of fundamental human rights. Given the clandestine nature of the crime, it is difficult to gather reliable figures however it is estimated that between 700,000 and two million persons are trafficked each year. According to the US Department of State (2006), approximately 800,000 people are trafficked across national borders, which does not include millions trafficked within their own countries. Approximately 80% of transnational victims are women and girls and up to 50% are minors. Every year, over 50,000 victims are reportedly trafficked from Africa, a good many from Nigeria. Most end up as prostitutes on the streets of Europe, especially Italy (USG/UISG Working Group on Trafficking in Women and Children, 2003).

In countries where the cycle of trafficking begins, both women and children become vulnerable to manipulation due to issues relating to poverty, discrimination, and armed conflict. They are lured by traffickers with promises of employment, believing that the work positions described are legitimate. The traffickers use coercive tactics, such as deception, intimidation, physical force, voodoo and debt bondage, to physically and psychologically control the victims (Human Rights Watch, 2006b; UNESCO, 2007; UNICEF, 2004). Trafficked persons usually live and work in deplorable, slave-like conditions and prison-like environments, with low or no wages. Physical and sexual abuse is common.

Widespread trafficking networks are constantly changing, often following migration patterns and using illegal channels for transit. Victims are bought and sold for enormous sums of money, debts they incur unknowingly and which they must repay. After being trafficked out of their country of origin, many victims from Africa who are headed for Europe travel through Libya. While in Libya, the victims may be forced into physical labour or commercial sexual exploitation. If they are arrested as illegal immigrants, they are at risk of having their passports confiscated, being physically abused, and deported (Human Rights Watch, 2006a; US Department of State, 2007a).

The US Department of State (2007) lists Malta as a transit country of trafficking for sexual exploitation. In the past, it has been reported that Maltese authorities treated trafficked victims as accomplices in crime, rather than victims of trading in persons. Social services were not offered to the victims, continues the US Department of State report, and no screening and referral system was put in place to aid authorities in identifying and assisting victims.

## What we learned

Our experience confirms the assertion of the US Department of State that there are no specialised facilities to identify and assist victims of trafficking in Malta. Among the thousands of undocumented migrants who land on the island's shores or are rescued in its waters, there are always a number of women, travelling alone or accompanied. The stories of some, especially the description of their journey, indicate that they could have been trafficked. Through the project we did not come across cases where Malta was the intended destination of the women and their 'owners': most likely it was Italy or another European country. This should come as no surprise: Malta is on illegal migration routes between Africa and Europe: the former is known to be a recruitment pool for trafficked women and the latter their unhappy destination.

Given that there is so much money involved – trafficked women are considered by their captors as commodities to be bought and sold at steep prices – it is hard to believe that they travel unaccompanied. The likelihood is that they are carefully guarded by their traffickers throughout their journey. In Malta they have little chance of breaking free; since immigrants travelling illegally are detained on arrival, women and their captors may well be detained together.

This implies that the chain of trafficking is not broken: victims who end up in detention here are at continued risk of being exploited and further trafficked once released from detention. The women are not likely to speak out: they remain silent and undiscovered for fear of reprisals from traffickers and deportation. Since victims are usually afraid to speak out, identifying them is not easy, and requires detailed knowledge of the recruitment and transit practices of trafficking networks. For example, women trafficked from Nigeria are usually submitted to Voodoo rituals before leaving, which bind them to repay their debt or face the wrath of much-feared spirits. This practice exerts a formidable hold over the women, who are likely to mention it at some point or other.

Two sisters from Nigeria, teenage orphans, promised an education in another part of their country by a woman who befriends them. They are taken in a dark windowless van on a seemingly endless journey. It is only when they catch a glimpse of the people who meet them at their destination that they realise they have been deceived. “I saw her hand, the skin was white, and then I realised I was not at home anymore, and that I was not going to school,” recalls one. Against their will, the sisters were taken to Libya and sold to a family as domestics, where they were forced to work 20 hours a day. Eventually, they managed to escape, and from Libya, they ended up in Malta, in detention.

Once outside, the problems of trafficked women are far from over, especially if they live in a large Open Centre, for example, as the Tent Village in *Hal-Far* used to be, with up to 800 people all thrown together. What sort of protection can a single woman expect there? The same can be said of women living in independent accommodation in the community, where there is no monitoring or support.

Although, since the end of the project, women are no longer accommodated at the Tent Village, there are as yet no structures or mechanisms in place to protect victims of trafficking. They could just disappear, spirited away by their ‘owner’ and no one would notice.

## Implications for the authorities in Malta

It is vitally important that victims of trafficking are identified and made aware of their exploited situation, and of their legal rights, and that they are given channels for seeking redress with all the necessary support. We must remember that victims of trafficking are victims of a crime, and are in no way to be considered as accomplices or as being at fault. The apposite UN protocol, quoted above, goes on to stipulate that the consent of victims of trafficking is irrelevant: they must be treated as victims, with the setting up of mechanisms and services that offer them protection and shelter. If women and minors who were trafficked are simply deported, there is the significant risk that they will be re-trafficked, considering that they most likely return to poverty, lack of support and stigma. The cycle will start over. As victims of trafficking they deserve protection specifically catered to redress the exploitation they have suffered and the dangers they face.

Rita, whose story is featured on pages 15-17, started a new life thanks to the care, support and services she found in Malta. Her future is uncertain, as she has not been granted formal protection, but at least she is able to live the present with dignity. Unfortunately, her experience is not the norm. Most of the women we met while implementing this project have not had the same opportunities to start afresh. Yet Rita stands on her feet today as an example of just how possible it is for victims of trafficking to break with their past and start a new life. But first they need to find people and authorities ready to look out for them, to believe their story, and to offer them the services and protection they need.

## The asylum procedure

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

*UN Convention relating to the status of refugees, Geneva, 1951*



*Away from the Past, Willie Wamuti*

Being a woman can be a reason for seeking and getting refugee status. Massive gender inequalities and lack of recognition of women's rights persist in countless countries in the world today. The injustice heaped upon women just because they are women, ranges from petty discrimination to forced dependence, to laws which weigh heavily against them, to life-threatening abuses. In areas of conflict or characterised by weak rule of law, women are especially vulnerable to sexual violence and exploitation, especially if they are alone. For women, the struggle for survival is that much tougher, because they consistently face unequal access to resources, be they educational, material or in terms of employment.

Although it is clear that some women are forced to leave their country due to well-founded fear of persecution and to life-threatening situations, they often feel their claims are not taken seriously by the authorities granting asylum in host countries.

There are a number of reasons for this. For most people, appearing before an adjudicating authority, even if it is about something relatively trivial such as a traffic offence, can be a stressful and daunting experience. We can only just begin to imagine what it must be like to attend an asylum interview, where the stakes are so much higher, where one's life is literally taken to pieces and one's decisions and actions are minutely scrutinised by the interviewer.

Most asylum seekers are acutely aware of just how important their interview with the Refugee Commissioner's Office is – they know that everything depends on it. They want the interviewer to understand their problem, but often feel that they are not able to make themselves understood, that the message is quite simply not getting through. At times, the way in which the interview is conducted does not help. One applicant remembers her interview for asylum as a series of “yes and no questions and answers”; she left the interview dissatisfied, feeling that she had failed to make the interviewer understand what she had been through. Her application was refused but happily she was granted refugee status on appeal.

That asylum seekers feel this way is more than understandable, because it is very difficult, not to say impossible, to describe a lifetime of experiences in the space of a few hours. It is never easy to tell one's story to strangers. For a woman it is particularly hard, especially if she was the victim of sexual violence, and especially if the interviewer and the interpreter are men. Even if they muster the courage to speak out, perceived insensitivity on the part of the interviewer, and a strong sense of not being believed, often shame the women into silence, or into blurting out halting, embarrassed replies. This could well turn out to be fatal for their asylum claim.

A young woman from Eritrea who sought asylum in Malta describes her interview for refugee status as “the most embarrassing moment of my life”. She recalls: “Both the interviewer and the interpreter were men. Seeing the look on their faces, and hearing their response, I felt they didn't believe me. I felt ashamed because the interviewer asked me straight out if the military commander, whose power I was in, had had sex with me.” She was eventually granted humanitarian protection.

Unfortunately such stories are not unusual. Although often the interviewer is a woman, the interpreter is often a man, often from the same community as the asylum seeker. At times the interpreter is a man from a community perceived to be hostile, which is possibly much worse. One female Kurdish asylum seeker was horrified to find that the interpreter was a Turkish man. She felt totally unable to speak about the harm she and her family suffered at the hands of the Turkish security forces. She was afraid that what she said might reach the wrong ears and put her family at risk, and was too ashamed to speak about her experience of rape. The problem in such cases is that to bring new information up at appeal stage will raise issues of credibility – the adjudicating authority will inevitably ask: if it is true, how come you are only talking about it now?

A research study, *Experiencing the asylum procedure*, conducted by JRS Malta in 2008, offers insight into how asylum seekers experience the process of applying for asylum in Malta. The study found that participants were frequently not informed of or did not understand what was going on. They were taken through the process of applying for asylum without knowing what was happening or why it was happening. This was because the Maltese authorities or NGOs either did not give information, or the applicants did not understand the information due to language barriers. Asylum seekers frequently rely on each other, especially on those who speak English, for explanations about detention, the preliminary questionnaire related to the asylum procedure, the procedure itself, and filing appeals. Many asylum seekers participating in the study said they felt the interviewer did not trust them or was untrustworthy, and that the interpreter did not translate well.

It is not only legitimate and necessary, but also perfectly understandable, that adjudicating authorities try to assess credibility. It is also clear that resources are very limited and the pool of interpreters available is very small. However it is important to remember that the ultimate aim of any interview is to determine the basis of the asylum seeker's claim, to understand why they cannot go back. This will not be possible unless the individual concerned is at ease, free and empowered enough to divulge all the relevant facts to the interviewer.





## At last I found my place

I wanted to leave my country as soon as my father died. When the man of the family is gone, especially the father, there is no more support: the woman must manage alone, depend on herself, and this is not easy in a country like Egypt, especially in my situation: a Christian divorcee.

In Egypt, divorced women are labelled as ‘easy’, and society looks badly on them. It’s so hard. I didn’t have any friends, just my neighbours to say hi and bye to. I was never invited anywhere, because I was divorced. Even if someone is really a friend, she won’t let you talk to her husband because he is a man, and if he sees a divorced woman... I would have had to find a friend in my same situation, which was very difficult.

I was so lonely. If I invited a neighbour over, she would bring her own tea with her, not to eat and drink from a Christian. I had a little cross tattooed on my wrist – Arab Christians often make this sign of the cross on their children when they are born. I had to hide my cross all the time, pulling my shirtsleeves down over it, even to go shopping in the market. My son and I were unlucky with our names too – Mariam and John – because people could immediately tell we were Christians, so we had problems, he at school, and I at work.

But I had to work. Without maintenance or any social benefits, I needed a job, to find a place to live. Working women are severely disapproved of. You go to work only if you really need the money. If you have a choice, you don't go. Men look at women who go out to work just as if they were pieces of meat – there for the taking. They do this with young graduates, let alone with a divorced woman.

What job could I find? I had the qualifications to find a good job, I had done a computer course. But when I applied for a post as secretary, and it was between a Muslim girl and me, obviously she got the job. I had to take jobs they didn't want, like posts as domestics. In Egypt, it is a great shame to work in a hotel, there are no maids, only men, no women, except perhaps in tourist places like Sharm el Sheikh.

I found a job in a kindergarten, without wages at first, just a place to sleep, for me and my son. The woman who ran the place gave me a condition: don't tell anyone you are a Christian, because if our clients find out, they won't bring their children to the kindergarten anymore. She started to call my son Ahmed and I was *omm Ahmed*. At least I had a place to sleep and food to eat.

One morning, very early, before the kindergarten opened, as I was sleeping near my son, I was woken by sudden and extreme pain. I didn't know what it was, I just felt my hand burning, and I started crying and screaming. My employer was leaning over me; she had poured some liquid on the cross on my wrist, to burn it off. She told me she had decided to remove the cross because it was showing as I worked, and that I should be grateful that she let me work there, and that she should not be made to lose clients because of me, because I am Christian. Since I was practically homeless, I had to shut my mouth and stay. Long years have passed since that day, but when I remember, I still feel the same pain.

Life became unbearable for me. People were talking about me, because I had no man. I felt like an insect, I did not feel that I was a human being, I was nothing. Society was really killing me, so I decided to leave.

I came to Malta and applied for refugee status. I was interviewed by a woman, and the interpreter – my English was poor then – was a man from Iraq. It was just like news briefs, no details given, like they wanted to finish and go. When I started to talk about how my former employer had burned the tattoo of the cross off my hand, the interviewer wasn't interested in what happened. The interview lasted less than half an hour. To make things worse, I had to rely on a translator who did not translate what I was saying properly. I could see from his face that he hated me, and I could tell he was asking his own questions, not the interviewer's, in Arabic: "So how come Christians are not free in Egypt? What do you mean, you are not free?"

The interview was held on a Thursday and on Monday, I got the reply: rejected. After the shambles of the interview, I had expected to be told no. But when you need hope, you rely on any glimmer, however tiny, so when I was refused, I panicked. I felt lost, I would burst into tears while walking in the street. I didn't know what to do, like a person who is falling off a cliff doesn't know what to do. Shall I return back to hell? I didn't want to return to my country, I said I prefer to die here and never to return.

I was supposed to have legal aid, but my lawyer couldn't care less. He never showed up, never called. He probably thought it was useless so why bother? Thank God, I was told about JRS. I ran there, and it was like they had dropped from heaven. They did so much for me, helping me prepare my case to go before the Refugee Appeals Board.

For two years, every day, I lived with this worry: if they say no, what will I do? I prayed so hard, "God I need a miracle." We went before the board, and I recounted all I suffered in Egypt. A member of the board started asking questions: Why did you come? What do other women do there? How many Christians are there? Do they all do what you do? I told him I was interested in my own situation – I had a chance, and I left.

This time, I was not rejected. I was granted refugee status and I was so happy, it was like a big feast for my son and me. It took long but, I thank God 100 times over, I had a positive result. I have a job and I am much more accepted. Finally I have found my place.



## A sea of cultural differences

“Every country has its own culture. It is very important to know the way things are perceived and done in the society where you go.”

*Fathia Hassan Ali, cultural mediator*

“We have made women aware of their basic rights; that men and women are equal. Now at least the women know what they are supposed to know.”

*Anday Minasse, cultural mediator*

Rights, relationships and gender equality ranged high on the agenda of the group sessions that were a key part of the project implementation. Group discussion held with men and women (separately) inevitably focused on how women’s rights, the way women relate to men, and concepts of gender roles are dictated by cultural and religious norms, and how they may differ from one society to the next.

The norms of the immigrants’ countries of origin, largely in Africa, are based on traditional beliefs and practices, some of which differ radically from so-called Western ones, which Maltese society may be said to subscribe to. Some traditions, like polygamy and female genital mutilation (FGM), are in violation of our laws and cannot be practised in Malta. Certain strongly held beliefs can be at the root of abuse targeting women and children, for example, a patriarchal approach that considers domestic violence as normal and justified.

Promoting fairness and respect in relationships between men and women was one of the project aims. This implied challenging discriminatory and harmful beliefs and practices, which impinge on the rights, roles and responsibilities of women and are ultimately unacceptable in local society. “We tried to teach immigrants the necessary new skills to adapt in a society and culture different from theirs,” says Lora Pullicino, the nurse working on the project. “Of course, you can’t change deeply engrained traditions overnight. We didn’t come out strongly and say we didn’t accept this or that, we said there are good and bad practices, some are not acceptable here, and we explained why. We also explained the pertinent laws of Malta.”

Anday Minasse, from Eritrea, and Fathia Hassan Ali, from Somalia, were cultural mediators on the project. They proved invaluable in helping their colleagues realise just how binding cultural beliefs and rituals are. “The sense of community is very strong in Africa,” says Anday. “People try not to violate the norms governing the community, which are very strong. Even if they know there is a better way of doing things, they lack the power to say or to act differently.”

The process of desisting to act according to fixed cultural beliefs, is understandably tough. Resistance was there, with local project workers being told that “as Europeans, you shouldn’t expect to impose upon Africans the values and cultural practices you believe in.” However Anday says he sees that both women and men accept the need to adjust, even if there is an element of “cultural shock” – an entirely normal reaction that is part of the adjustment process. “Whether they like it or not, they must change, even if they are not 100% happy with what is going on. They realise they are now in a different country and must adapt.”

Ray, a psychotherapist who conducted the group sessions for men, was impressed by their willingness to learn. “I was struck by their wanting to know our culture so as not to get into trouble due to behaviour considered normal in their culture, which might be unacceptable here,” he says. “There were expressions of concern regarding the possible inability to adapt immediately to our culture (whilst retaining their own) and whether this will incur racism on our part.”

The immigrants enjoyed the group sessions. “When we speak about cultural norms, gender roles, religion and how they affect daily life, starting from the family and community, people are really interested,” adds Anday. “Women have gained a lot, especially Muslims. They are impressed when we discuss these things, and they like the programme.”

A key learning experience for all involved, we feel our discussions were the first step in a crucial educational process towards creating awareness among immigrants about the dignity and rights of women and children.

“Woman, woman, just a woman – in my country a woman has no place, no right to be anything except another possession in the house. Believe me, women in Arab countries are badly off; they are nothing. They don’t have the right to do anything, not even go to buy clothes alone, or to go for a picnic, nothing! They have to go with men to protect them; they can’t deal with anything themselves. I didn’t even have the right to appear in court; a lawyer had to go to represent me. Men are important, not women. You really feel you are nothing, you don’t even exist.”

“In Libya, you need a man for everything, even to get a taxi. A woman can’t even go out alone.”

“Imagine how it would hurt a woman if a man decides to marry another woman while she is still his wife. How would you feel? Does God give you the right to do this? I don’t think so. It is rights for men, not for women.”



## Domestic violence

Domestic violence “means any act of violence, even if only verbal, perpetrated by a household member upon another household member and includes any omission which causes physical or moral harm to the other.”

*Domestic Violence Act, 2005*

Domestic violence occurs when a person experiences physical assault, economic deprivation, or emotional, verbal, psychological, or sexual abuse from a current or former spouse or intimate partner. It is used to coerce, control, punish, or revenge a spouse or partner, and may result in physical injury, social isolation, or death (Human Rights Watch, 2000; UN, 2006).

Women throughout the world experience domestic violence. In 2005, the World Health Organization found that over 50% of women in Tanzania and 71% of women in Ethiopia were victims of domestic violence. In most countries, the prevalence rate is believed to be higher than reported because many women do not seek assistance from authorities or NGOs out of fear of retribution from their abuser, fear of stigmatization, or due to lack of services available to assist them (UNIFEM).

After women flee from their country of origin, they face an increased risk of domestic violence, whether or not they were victims of violence before fleeing. The stress and insecurity caused by the situation in their country, their transit to a refugee camp or country of asylum, and the difficulty in securing basic necessities can aggravate domestic relationships and cause further violence. Frequently there are no services available to aid domestic violence victims in refugee camps (Human Rights Watch, 2000).

Upon arriving in a country of asylum, many women who are victims of domestic violence continue to be hesitant or unwilling to report their abuse to authorities. They may feel too intimidated or fear deportation if they become involved in the judicial system in the country of asylum, especially if they do not have legal protection. The women might also be financially dependent on their abuser for their own or their family’s well-being, and thus be fearful of the repercussions of losing their source of income (Human Rights Watch, 2000).

### What we learned

Domestic violence is probably the most common form of SGBV experienced by immigrants in Malta, compared to other forms of harm which migrants experience frequently *outside* Malta. Although many factors contribute to the presence of domestic violence in a relationship, there are a number of contextual factors that further place this specific population at risk. These include, cultural factors such as the existence of social norms that more commonly accept the use of violence, and more rigid gender roles which support power imbalances



based on gender. The current living conditions of immigrants also contribute to the problem, especially the fact that they are detained, the conditions of detention, and the difficulties and frustrations associated with being in a foreign country with few resources and often with uncertain status.

### **Culturally defined gender roles and relationships**

Some of our group discussions focused on the theme of gender roles and the expectations participants had of men and women and marital relationships. This discussion was phrased in terms of women and men having equal rights and enjoying mutual respect. The participants made it clear that great value is given to love and respect between the couple, and that marriages are entered into with the idea of permanence. It was evident that most individuals adhered to traditional gender roles where, typically, women are cast into the roles of household carer and mother, while the men are the breadwinners.

It emerged clearly that the man always has the last decision in the household; women have to agree with this to prevent conflict from arising within the relationship. Some women saw it as acceptable for men to hit women in certain cases, for example, he was justified if the woman did something wrong. Widely considered to be a private matter between the couple, domestic violence was even seen by some to be a necessary way of solving disputes, with both husband and wife lashing out at each other. The view was also expressed by one woman that if a man did not beat his wife, this meant he did not love her.

Some men, when discussing the issue in their groups, said they felt it was their right to tell their wife what to do and to beat her if necessary, and would not even consider the possibility that she might ever dare to disagree with them. Not all men, however, felt this way.

In the context of polygamy, it was generally agreed in the women's groups that one trigger of domestic violence was a wife's jealousy and complaints about her husband's interest in other women. Religious acceptance of polygamy, where it is practised, contrasts with the woman's personal desire not to have to share her husband.

We explained local laws, procedures and norms, which forbid domestic violence and polygamy, and gave information about services available, for example, social work support. Appreciation and enthusiasm for the discussion and information given about the local context was expressed by men and women, even if some actually disagreed with locally held and enforced beliefs and practices. These sessions highlighted the need for provision of information, to both men and women, about basic rights that must be respected regardless of cultural or other beliefs.

### **Situations of stress aggravate domestic violence**

The women emphasised that marital relationships are more strained in areas of war – Somalia, in the specific case – because of difficult socio-economic conditions, and they believed that leaving the environment of conflict would give them the possibility of enjoying more harmonious marital relationships.

However, couples who reach Malta and end up in detention, find an environment in no way conducive to happy family life. In fact we have seen couples whose problems with domestic violence only started in detention. There are several reasons for this, chief among them the depression, frustration and anxiety that are natural consequences of being detained in the long-term. Men may be harder hit because they are traditionally looked upon as breadwinners, who must protect their wives and children. That they end up in enforced idleness for months on end, unable to support their family, creates profound stress and threatens their very sense of social identity. Sometimes, men turn to drink, even if they were not in the habit of doing so before. Increased alcohol intake is another factor that perpetuates domestic violence.

This heartbreaking situation can also come about due to the inappropriate accommodation arrangements in detention. Tigist, a woman in her early twenties with a young child, was pregnant when she was detained together with her husband. “It was when we were detained that the fighting started. Before, we had no problems. They put us with single women in a small, overcrowded place. He started drinking so much, and he wanted to mess with other girls. That’s when he hit me for the first time. It’s not just us, there were other couples who fought a lot,” she recalls. “Now we are outside. He doesn’t hit me, but he doesn’t work; he gambles on those machines, drinks a lot, and often sleeps outside. I’m not happy.”



An added stress for immigrant couples is the fact that they are far from home, far from those social support networks that may have intervened to help them solve their disputes. Fathia, cultural mediator, explains: “In my country, if a couple is in trouble, the family is called in to mediate and to try to help them resolve their problems. But here they are alone. Often, the woman ends up going to the police station to report her husband. But it is very difficult for the authorities to understand the way we think.”

### **Implications for services in Malta**

Domestic violence among immigrants in Malta has implications for those providing services specifically to immigrants as well as for mainstream service-providers dealing with domestic violence. Any response should take into account the particular nature and needs of this client group, especially bearing in mind cultural background and the ways in which it bears upon the immigrants’ perception of domestic violence and possible solutions to the problem.

Another significant factor is the reality that immigrants in Malta are very much alone, in an alien culture, without familial support, and often without much means of earning money. This scenario makes the couple’s efforts to solve their relationship problems more difficult, and implies that, if separated from their spouses, women might even end up destitute. The unique situation calls for a unique approach, in terms of service provision. The woman’s safety and well-being cannot be ensured by simply removing the perpetrator from the scene. Rather there should be timely interventions to work with the couple, with counselling and social work services flanking protection for the victim, even in cases where she chooses not to leave her partner.

## Female genital mutilation

“Why should I expose my daughter to this?”

“It’s not good to continue doing it. We forgive our mothers, but we will not do it to our children.”

“Not continuing this traditional practice would be like an insult to our culture, like we abhor it.”

According to the World Health Organisation (WHO), female genital mutilation (FGM) involves “all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons” (WHO, 2008a).

In a 2005 survey, UNICEF found that high percentages of women aged 15 to 49 had undergone FGM in several African countries. In particular, 80 to 99% of women in Egypt, Mali, northern Sudan, Eritrea, Ethiopia, and Guinea had been subjected to the practice. In Somalia, the prevalence rate is 95%. The study found that FGM is generally performed on girls under 15 years of age, although the age of the girl and type of FGM varies among countries and ethnic groups (UNICEF, 2008; WHO, 2008b).

The practice of FGM does not cease when a family has fled their home. Women and girls continue to undergo FGM in refugee camps and in transit to countries of asylum. As people from cultures that practise FGM migrate to and seek refuge in western countries, they often continue the practice in spite of legislation that condemns or criminalises FGM (Carnegie, 2003; UNICEF, 2005; UNICEF, 2006).

Women and girls who have been subjected to FGM may experience physical and psychological effects due to the procedure. According to WHO, the immediate and long-term effects may include, but are not limited to: excessive bleeding, difficulty in passing urine, infections, death, chronic pain, decreased sexual enjoyment, infertility, increased risk of infant death during birth, and post-traumatic stress disorder (WHO, 2008c).

### What we learned

Our group sessions and casework revealed that many immigrant women in Malta have been subjected to FGM in their country of origin. Our understanding of the ritual, its cultural and religious basis, and its consequences, was greatly enhanced by the sharing of Fathia, a member of our team who herself underwent FGM in her native Somalia.

The group sessions held about FGM elicited considerable interest among the members, showing what an important topic this is, especially for Somali women. We talked about the social beliefs and attitudes surrounding FGM, and screened a film, *Infibulation, The Worse Type of Female Genital Mutilation* (UNHCR), to raise awareness and initiate a discussion. The film was about the most extreme type of FGM, that is, closure following the total removal of the external female genitalia.

The women's reaction was mixed, partly depending on the country they come from, either Somalia, or Ethiopia or Eritrea, or from a West African country. Many expressed anger. For some, the session evoked painful memories of the time when FGM was performed on them, at times in a very crude manner, without anaesthesia, while they were pinned down. This was especially the case among older women from rural areas. On the other hand, some women drew attention to the 'medicalisation' of FGM, saying that nowadays the practice is safe and sanitary, often conducted in clinics under anaesthetic.

Medical advances in FGM, however, did not stop most women from agreeing that it is an unnecessary and harmful cultural practice. Some clearly stated they would not repeat FGM on their children; this seemed an obvious conclusion for them. Others stated they would not perform complete FGM (closure) but would rather "just" cut the clitoris.

Some denied outright that FGM was wrong and adamantly insisted that it was a part of their culture and should stay. For them, performing FGM means respecting their cultural background, even if they did not exactly see or agree with its stated purpose. They value the practice, with one stating that "closed is beautiful". In one group, there was a hot debate about whether religion imposes such a practice, ending with consensus that FGM is not recommended by any religion and is a violation of women's rights.

However, although they may acknowledge that FGM is wrong and air anger about the physical and psychological trauma associated with the practice, many women felt they had no choice but to accept it. In some societies, girls who refuse FGM are crushed by social pressure, rejected by their peers for being 'loose'. The popular belief underpinning the practice is that women who were not subjected to FGM have a high sexual drive and hence will not be faithful to one man. Young girls make fun of each other if they are still 'open', and women gossip about anyone who may be so.

In Somalia, one of the strongest pressures to undergo FGM is eligibility as a wife, because being 'closed' is a means used to ascertain virginity, making it a family and community business rather than a personal affair at times. Some group members said dowry given for a woman who is not 'closed' is much less. In Somalia, when it comes to consummation of marriage, women who are completely 'closed' are 'slit' either surgically or by their husband, with the pressure applied whilst attempting intercourse. This involves tremendous pain for the woman. If the man feels sorry for his wife and wants to stop, he may be coerced to continue by other family members until intercourse is possible. Often, he too is subjected to great social pressure in this regard, as his own definition of manhood is questioned in the process.

While this is the case in Somalia, it is not so in all societies using FGM; it is clear that the perception and practise of FGM differs widely from one to another, and some women were resistant to identify the ritual practiced in their country “FGM”, since it did not entail complete closure of the vaginal opening. We also saw that women coming from different countries have different degrees of awareness about this practice. For example, we saw that women from Eritrea or Ethiopia have very different views about FGM to Somali women. There is much more awareness on the issue where they come from, with educational campaigns and laws making FGM illegal.

The differences emerged when we screened the film. After seeing the extreme type of FGM performed, Somali women admitted: “Yes, this is ours”. Others recoiled and said: “This is criminal, not good, it’s not us.” While some women were shocked when they saw types of FGM far more extreme than that they knew, others were amazed that not all women worldwide are subjected to FGM: “We thought this (FGM) happens everywhere, all around the world.” Their newfound realisation was reinforced in our sessions about basic health education, which focused on the female body, reproductive health and sexuality. This was a first for many women, who did not have more than one or two years of formal education. They appreciated the sessions very much.

We also discussed FGM in the group sessions with men. The film shocked them. They claimed they were unaware of what FGM involved. It was interesting to note that the men felt they did not have much say in relation to the performance or otherwise of FGM. Such a decision is left in the hands of the mother or other female relatives in her absence. Many men said they would not like this act to be practised, for several reasons, including awareness of the health complications it gives rise to. Some said FGM is a violation of human rights, and that it is a myth to say it is recommended by religion.

## **Implications for health services in Malta**

What is certain is that women subjected to FGM frequently suffer pain and health complications, sometimes with social and psychological implications. Many women approach us individually and ask who they can turn to for help, especially after they are released from detention.

Local doctors and other healthcare professionals are often at a loss as to how to respond. “FGM is foreign to our culture, but it’s a problem that is here to stay, so we need to learn how to deal with it,” says Lora, the nurse on the project. “We had a bad experience in hospital once. I accompanied a woman suffering from a problem related to FGM and the doctor in the gynaecology department told me: ‘How can I help her? Why did she let them do it?’ I thought: ‘How am I going to expose these women to such people?’”

The need to train professionals, to enable them to identify how women suffering from the consequences of FGM can best be helped, and to deal with them in a knowledgeable and sensitive manner, is evident. This is important especially, but not only, when ‘closed’ women come to give birth, an excruciatingly painful procedure for them.

Equally important is avoiding further incidents of FGM, through education and awareness-raising, among the immigrant population in Malta.

## Life in detention

“What was usually on the frontline of our group discussions with women was that they were in detention; they always tried to give this priority, and it’s understandable.”

*Anday Minasse, cultural mediator*

“The authorities need to keep in mind that most of these people have fled from their countries out of despair, hoping to find a better life elsewhere. However it seems that although they have fled their country, they are once again captives in a foreign land.”

*Fleur Mifsud Bons, psychologist*

“I spent 13 months and one week in detention. I was totally stressed. Detention is not good; it paralyses the mind. I got so demoralised. Just imagine being in one place without going out for one week, even your own home. Imagine how you would feel.”

Taking on SGBV among the immigrant population in Malta, one of the chief obstacles consistently encountered has been the use of detention. The policy and practice in themselves, and the detainees’ experience of them, were recurrent themes.

Expressions of powerlessness, lack of security and lack of satisfaction of basic needs were never absent from our group sessions in detention. Participants often voiced frustration about the fact that concerns raised during previous meetings had not been addressed. Many of these concerns emerged as significant factors contributing to increased vulnerability to SGBV.

Given that detention loomed so large in the project, we are including a list of the chief complaints of the detainees, and a detailed description of the conditions in Hermes Block, where women are detained.

The recurring complaints during the group sessions were:

- Lack of satisfaction of basic needs including inadequate food;
- Being unable to cook one’s own food;
- Lack of consistent water supply;
- Lack of personal hygiene items;
- Lack of recreational or constructive activities;
- Poor access to medical services;
- Denial of access to open air;
- Visitors not allowed to bring gifts.



“They gave two tiny bars of soap for one month, that’s not enough for a lady. We couldn’t wash our clothes whenever we needed.”

## Description of Hermes Block

Women are housed in any of the five Zones of Hermes Block, part of Lyster Detention Centre, situated inside Lyster Barracks in *Hal-Far*, a military barracks of the Armed Forces of Malta.

## Staff

The Detention Service (DS), which is directly accountable to the Ministry for Justice and Home Affairs (MJHA), is responsible for running the centre. The staff consists exclusively of army or DS personnel (recruited from among ex-members of the security forces, including police, army and prison wardens) and the overwhelming majority is male. DS staff receives initial induction and ongoing training. Until recently there were no social workers or care staff employed within the centres; in 2007 OIWAS (Organisation for the Integration and Welfare of Asylum Seekers) set up a limited service within Hermes Block.

## Physical description

A two-storey building, Hermes Block was originally intended for use as a military barracks rather than as a detention centre. A staircase runs from ground to second-floor at either end of the block. A corridor runs the length of the building, from one landing to the other, and a number of rooms (all of which are used as dormitories) lead off the corridor and landings.

The building is divided into five Zones (Zone A-Zone E): Zone A is on the ground floor, Zones B and C are on the first floor and Zones D and E on the second floor. Zones B and C and D and E are separated by means of a metal gate cutting across the corridor and dividing the floor into two. Entry into each Zone is through a gate on the landing, which is always kept locked. The landing in each Zone, which is rather small, serves as an inside recreation/TV area.



Hermes Block is in a poor state of repair – many of the windows are broken and the premises have a very dilapidated air.

## Sanitary facilities

There is a bathroom leading off the landing in each Zone, containing three showers without doors, three toilets and three basins. These facilities must be shared by all the people accommodated in the Zone, which could be anything from 50 to 80 people, whether male or female. Detainees complain about the lack of privacy in the bathrooms, particularly where they are used by both men and women. They also say that the flushing is often out of order and there is never enough hot water for everyone.

## Accommodation

Most detainees sleep in dormitories leading off the corridor. Each room contains some eight or 10 bunk beds, depending on the size of the room. There are also a number of smaller rooms, leading off the bathroom and the landing, where some two to four detainees sleep. In the larger rooms, detainees hang sheets between the beds to separate the room into smaller sections and to provide some privacy.

Detainees must remain within the confines of their Zone – they are not allowed to move around the building freely without permission. They are usually allowed out of their Zone only to visit the doctor, speak to their lawyer or other professionals or to go out in the open air. However, as noted in the *Sexual Assault* section, male detainees move around the Zones in the building through the shaft. At the time the project was being implemented, detainees in Hermes Block were allowed out in the open air once or twice a week for an hour or two each time.

## Services

Detainees are provided with state medical care and legal aid at appeal stage of the asylum procedures. Social work intervention in a limited number of cases is provided by OIWAS. NGOs like JRS Malta offer more of the same services as well as pastoral ministry. One major problem faced by detainees seeking to access basic services is the lack of proper translation. In most cases translation is provided by fellow detainees.

## Health care

The centre has a basic clinic, where detainees receive primary medical care. A doctor and nurse are present in the centre on a daily basis between 9am and 1pm. For medical needs which cannot be met on site,

detainees are referred to the state hospital or health centres for treatment and follow-up. When taken outside the barracks to receive treatment, detainees are escorted by DS personnel and almost always handcuffed.

Detainees often complain about medical care provided, citing difficulties accessing the service, delays in receiving prescribed medication (up to a week at times) and inconsistent follow-up care. Some detainees claimed that they repeatedly missed hospital appointments, usually due to lack of transport or staff availability. On occasion detainees are taken to hospital without an interpreter, which makes it practically impossible for them to obtain the treatment they require. The lack of the presence of an interpreter may mean that the doctor refuses to see the immigrants and it could take months to get another appointment fixed.

### **Protection of particularly vulnerable people**

In terms of current government policy, vulnerable immigrants, including families with minor children, unaccompanied minors, pregnant women, lactating mothers, persons with disability, people with serious and/or chronic physical or mental health problems, are not detained. In practice, however, all immigrants who arrive in Malta in an irregular manner, including vulnerable immigrants, are detained upon arrival. Once vulnerable immigrants are identified by the authorities concerned, procedures for their release are initiated. However these procedures take time to complete and vulnerable immigrants often spend months in detention. During the past year, the release of obviously vulnerable asylum seekers, such as female-headed family units with minor children and pregnant women, was frequently delayed, at times for up to six months, usually due to lack of accommodation in the community.

## Life after detention

Upon release from detention, immigrants are accommodated in an Open Centre. Conditions in Open Centres vary considerably: the smaller centres, where families and unaccompanied minors are accommodated, offer adequate accommodation and considerable support. In larger centres, which may house over 500 people, the staff-resident ratio is much smaller and the quality of accommodation provided is poorer than that in the smaller centres.

During the focus groups held with women at the beginning of the project, the women at one particular centre, Sliem Tent Village in *Hal Far*, repeatedly voiced concerns regarding safety and adequate access to facilities.

The Tent Village is a large compound surrounded by a wire fence and filled with rows of tents, erected on raised concrete platforms. Within the compound there are a number of concrete blocks housing the office and common facilities for the residents, such as showers and toilets. The tents are essentially dormitories; there is a row of bunk beds on either side of each tent with some space between the beds and a corridor running down the middle. At times residents hang sheets or blankets on the sides of the beds, to divide the tents into smaller units and provide some privacy.



The centre is located in a relatively remote area: there are some factories in the vicinity, an army barracks across the road and three other Open Centres within walking distance. The nearest village is some 3km away. Although this may not seem very far, the area is extremely isolated, particularly during the night, when public transport is not available.

Today, women are no longer accommodated at the Tent Village. However, at the time, women made up a small percentage of the total population of the Tent Village, which numbered over 500. Some were single and others were accompanied by a male partner. The single women were accommodated in tents with other women, while those with a male partner were generally accommodated in tents reserved for couples.

The women living in this centre complained that they felt very unsafe, particularly at night. Tents cannot be locked and on more than one occasion they found men inside their tents at night. If they needed to use the bathroom they had to cross the compound, which was not adequately lit or monitored. They also complained of inadequate access to common facilities, as they would always have to wait for the men to finish before using them.

Beyond these safety issues, which were voiced almost exclusively by female residents at the Tent Village, the focus groups indicated that participants were mostly taken up with the daily struggle for survival. The concerns raised in these meetings related primarily to the difficulties they face on a daily basis, such as:

- Difficulties finding employment, which they attributed to various factors including: language barriers, lack of necessary skills, the geographical location of some centres, lack of support, for example childcare, and the dependence on men caused by cultural, religious and societal expectations. Participants also complained about what they perceived as overly burdensome registration requirements, which made it difficult for them to look for work, and the difficulty finding employers willing to employ them legally. In some cases this latter problem was due to the fact that the women did not have secure legal status, so work permits could not be so easily obtained.
- Inadequate access to healthcare, including difficulties obtaining follow-up care and problems obtaining treatment, although the necessary services are usually available. For certain conditions, such as FGM and infertility, the difficulties faced were even greater. Participants identified lack of interpreters, particularly same-sex interpreters, lack of awareness of cultural practices on the part of healthcare professionals and lack of knowledge regarding entitlements as the main obstacles.
- Issues related to accommodation, including poor and, at times, unhygienic conditions in the larger Open Centres, the remote location of some of the centres and the difficulty finding alternative accommodation in the community.

Many of these difficulties are exacerbated when the women have children.

Although many of these concerns appear to be unrelated to SGBV, from our interviews with survivors of SGBV it appears that they were often significant factors contributing to increased vulnerability to SGBV.

## Positive outcomes

“The women came with the idea that unless there is a man to speak for you, you won’t be heard. This project challenges this idea and gave women a voice per se, not subdued by what the men want.”

*Nadya Abdilla, psychologist*

- We have become increasingly aware of issues affecting immigrant women, both in detention and in the community.
- The group sessions empowered women, who said they now feel they have a voice, and that they are as important as men.
- The women who attended the sessions became more comfortable about speaking openly about SGBV-related issues.
- Women are now approaching us with issues relating to SGBV thanks to the trust that has been built.
- The group sessions gave women and men the opportunity to think about and question certain cultural beliefs, thus enabling them to adapt their lifestyle and culture as necessary. Creating a non-judgemental atmosphere where cultural differences are accepted, has enabled the honest sharing of concerns and promoted integration.
- Using cultural mediators has opened doors previously locked, allowing us to establish communication with sectors of the immigrant population hitherto isolated due to language and cultural barriers, for example, Somali women.
- Members of the immigrant community now approach the cultural mediators for assistance to access the services they require.
- We now have a number of interpreters with at least basic training in providing this service.



*Below our feet lies hope, Martin Bulinya*



AIXNE (1)

## Recommendations

In the light of what we learnt from this project we recommend that:

- Steps are taken to ensure that accommodation centres, whether open or closed, provide adequate guarantees of safety, security and privacy.

In view of the particular risks in detention, we believe it is imperative that women are not detained with men; if they cannot be held in a separate centre, housing only women and staffed by female personnel, they should not be detained.

Moreover, if couples cannot be accommodated in separate units that provide adequate protection of privacy and family life, then they should not be detained.

- The particular vulnerability of victims of trafficking is explicitly recognised and proper structures are set up to provide for their protection, care and rehabilitation in a secure environment.
- Victims of domestic violence are provided with timely protection and adequate support through the provision of specialised services; families with problems of domestic violence are provided with the support they require to work through their problems, if this is what they want.
- Immigrant women are empowered to exercise their rights and access existing services, through provision of information about such services and about their rights and obligations in Malta, including the right to be respected and not physically abused in intimate relationships.
- Resources are invested in the setting up of structures to facilitate the integration of immigrant women in the labour market through skills and language training and provision of basic support, particularly childcare.
- Access to healthcare and other essential services is improved through training service providers on cultural differences and use of trained interpreters and cultural mediators.

Finally, we recommend that the authorities concerned take the voices of immigrant women into account when identifying needs, formulating policy and setting up services – often they have a much clearer idea of what is needed than anyone else, so accept their invitation to listen and try to understand.





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