

PRELIMINARY REPORT SGBV PROJECT

INTRODUCTION

This report outlines the work undertaken as part of the UNHCR funded project entitled *SGBV Prevention and Response in the Context of Mediterranean Arrivals*, between April and mid-November 2007.

The project aimed not only to meet the existing needs of survivors of sexual and gender-based violence (SGBV), but also to work on prevention and strengthening existing capacities to respond to this phenomenon in the long term.

CONTEXT AND BACKGROUND

Since 2002 Malta has been receiving an increasingly large number of migrants departing from Libyan shores in an attempt to reach the European mainland.

All, including women and children, are detained on arrival in terms of the Immigration Act, which stipulates that all refused admission into Malta or issued with a removal order for illegal entry or stay shall be detained until they can be removed from national territory.

Most arrivals apply for international protection and a relatively large percentage (some 48% of those who applied between 2002 and 2006) are in fact granted international protection, usually humanitarian protection. However, those who apply for protection after being placed in custody are not released; they must wait the outcome of their application for protection in detention.

Asylum-seekers are released from detention either upon receipt of a positive outcome on their asylum application (refugee status or humanitarian protection) or upon the expiration of the maximum detention duration of 12 months. Rejected asylum-seekers are detained up to a maximum of 18 months.

The only exceptions are vulnerable persons, who are released once their case is assessed and appropriate accommodation is identified in the community. However, even this may take months.

Although the vast majority of migrants in Malta are adult males, a significant number of adult females and unaccompanied minors (male and female) form part of the mixed flows. Thus Malta's migrant population is, at any time, composed of adult males, adult females, family units – including babies and children – and unaccompanied minors. Other vulnerable categories include elderly persons, persons with disabilities and victims of torture or trauma.

UNHCR has expressed its concern with the detention of asylum-seekers, as well as with the living conditions in the detention centres. Conditions in the centre are poor and overcrowding is common, particularly during the summer months. Women, including single women, are

detained with both single and married men, in conditions which fail to guarantee adequate levels of privacy and personal security. Sanitary facilities, which are shared by both sexes, do not even have basic safeguards in place such as doors that lock or shower curtains.

Once they are released from detention, immigrants are accommodated in open centres until they can move into private accommodation in the community. Here conditions are not much better, particularly in the larger centres where women are accommodated in centres with a largely male population, where privacy and security are, once again, not guaranteed. These centres are situated in relatively isolated areas and, in one particular centre, women are accommodated in tents.

RATIONALE FOR PROJECT

The decision to focus attention on SGBV stems from an appreciation of the nature of the migrant population arriving in Malta as well as the conditions within the detention centres, including existing management structures and policies. With regards to persons of concern not in detention, SGBV presents a serious challenge in view of the lack of institutional support (legal, financial and psychological) and the daily hardships faced, particularly by refugee women and girls.

Based on results from UNHCR's *Participatory Assessment Exercise* carried out in 2005, in close cooperation with the Maltese authorities and various NGOs as well as on reports provided by NGOs and on frequent UNHCR missions to the detention centres, in recent years UNHCR strengthened its efforts towards addressing SGBV.

It was however acknowledged that UNHCR's efforts, coupled with existing NGO and governmental services were neither sufficient to meet the urgent and serious needs of SGBV victims nor to adequately prevent the occurrence of SGBV incidents within the detention centres, and also within the community.

It was for this reason that this project was developed, to:

1. ensure SGBV victims and vulnerable persons in detention and in the community are given **timely psychological and legal support** and assistance;
2. **prevent** SGBV incidents within the detention centres;
3. **formulate SOPs and guidelines** for SGBV Prevention and Response which could be used for other similar situations in the countries in the Mediterranean Rim.

SITUATION ANALYSIS

As little or no baseline data exists regarding the incidence of SGBV among immigrants in Malta, during the first phase of the project, we sought to conduct an analysis of the situation on the ground, by identifying needs and mapping services available, in order to be better able to plan the activities to be undertaken in the second phase of the project.

The following is an outline of the results of the research undertaken during the initial weeks of the project.

1. Aims

The aims of this exercise were the following:

- Analysis of situation on the ground – types of SGBV present and mechanisms/measures in place for prevention and response.
- Understanding of what immigrants themselves perceive to be the problems, needs, etc
- Formulation of project activities on the basis of research outcomes

2. Methodology

Information was collected through participatory assessment, using the following methods:

- Group sessions with women in detention & in open centres;
- Individual meetings with JRS clients who had already presented with issues of SGBV;
- Meetings with authorities, NGO's, healthcare professionals, other agencies and workers in the field

The choice of these methods of data collection was influenced by the time frame of this project and we acknowledge specific limitations in this regard as this phase could not be carried out in sufficient depth. Among these are:

- The limitation of having focused almost exclusively on talking to women, as opposed to a wider sample including men, about their experiences of SGBV.
- The sample of individuals who disclosed SGBV issues may not be representative of the whole population because of the way they were selected.

3. Outcomes

The outcomes focus mainly on the local context, with some reference also being made to issues emerging during the journey and in the country of origin.

The following were pervasive themes across the board:

- o Inadequate level of satisfaction of basic needs;
- o Lack of felt security.

The main concerns raised by participants in the group sessions were linked almost exclusively to their present situation and conditions of living. In these sessions, issues specifically related to SGBV were raised only to a very limited extent.

It is interesting to note that even with the individuals interviewed, all of whom are survivors of SGBV, many initially presented to JRS with basic needs and practical concerns. It was only later, often a considerable time after this initial contact, that they disclosed issues pertaining to SGBV. Most often they did not request emotional/psychological support in this regard, however, in most cases the persons concerned said they would welcome such support if it were available.

The concerns that emerged from the group sessions could be grouped under the following headings – they are not listed in order of priority or relevance:

(i) **Issues related to legal status**

With immigrant women in the community, lack of a secure legal status (i.e. refugee status or humanitarian protection) was a major concern, as it significantly affects quality of life and the possibility of living with dignity.

(ii) **Issues related to livelihood**

This concern was voiced by immigrant women in the community, many of whom stated that they experienced difficulties finding employment due to: language barriers; lack of necessary skills; impossibility of working legally due to their legal status; overly burdensome registration requirements; geographical location of some centres; dependence on men caused by cultural, religious and societal expectations.

(iii) **Issues relating to healthcare**

Many immigrants in both closed and open centres complained of inadequate access to healthcare. Many claimed to have experienced communication problems, difficulty obtaining follow-up care and problems obtaining adequate treatment in general and particularly for certain complaints/conditions, e.g. FGM, birth control and infertility.

They cited lack of interpreters (particularly same-sex interpreters), lack of awareness of cultural practices on the part of medical staff and lack of knowledge regarding entitlements (both among asylum seekers and among medical staff) as the main reasons for this.

With particular reference to detention, participants claimed it was difficult for them to get to the clinic to see a doctor and also to obtain follow-up treatment. *(This could also be due to the fact that many female detainees cannot speak English and therefore have problems communicating directly with both the detention centre and the medical staff. Having to use male interpreters could serve to make the medical system virtually inaccessible.)*

(iv) **Access to appropriate food and nutrition**

This concern was mostly raised by immigrants in detention, who complained that they could not cook their own food and that often they did not have the facilities to store it.

In one Open Centre there was an issue of inadequate access to facilities by female residents, due to the large number of men housed there.

(v) **Inadequate levels of hygiene**

This concern was raised by women in both open and closed centres, and is mainly due to the fact bathrooms are shared by many people of different cultures and nationalities.

It is particularly acute in detention, where women share bathrooms with men and where water supply is often limited.

(vi) Issues relating to shelter/accommodation

The main concern raised by migrants in detention was the fact that they are deprived of their liberty.

Other issues raised were: over-crowding, lack of space (including space to store personal belongings), lack of privacy and mixed sex accommodation (particularly in detention).

With asylum seekers in the community one issue mentioned regularly was the difficulty finding alternative accommodation.

Although at first glance many of these concerns may appear to be unrelated to SGBV, from our interviews with individuals who are survivors of SGBV, it emerged that they were often significant factors contributing to increased vulnerability to SGBV.

The interviews held (both with immigrants/asylum seekers and professionals working with them) indicated that the following types of SGBV are present:

(i) Sexual exploitation, prostitution and transactional sex

This happened in the migrants' countries of origin, transit countries and also in Malta.

Factors that placed women at risk of such treatment include: difficulty making a living any other way; traveling alone; separation from partner; accommodation (including detention) conditions; demographic composition of the refugee/migrant population and the need to obtain stability and protection.

(ii) Motherhood/marriage of convenience

This is partly an indirect result of the better protection provided to pregnant women and families with young children, which includes early release from detention. It is also due to other factors however, including women's felt need for protection throughout the journey and, at times, to cultural/societal pressures.

(iii) Domestic violence

This is probably the most common form of SGBV among the immigrant population. The reasons for this phenomenon are varied and include both reasons linked to the migrants' culture, particularly the existence of a patriarchal system and migrants' perceptions of what constitutes an adequate male-female relationship, as well as factors directly related to the experience of forced migration. These include: lack of job security, loss of social identity and stressful life circumstances. Another causative factor identified is alcoholism.

Cultural/societal restrictions, including the perception of DV as a family matter, and shame often prevent victims from reaching out and seeking assistance.

(iv) Physical and verbal abuse from detention centre staff

It should be stated that 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, female detainees claimed that on occasion they have suffered such treatment. This is largely due to the unequal balance of power between staff and detainees and the lack of any sort of protection mechanism for detainees who experience abuse or other forms of harm.

We believe that another factor is the high levels of stress and the very real and often overwhelming demands of their job which DS staff has to cope with.

(v) Traditional/cultural practices

The most prevalent form of harm in this area is undoubtedly Female Genital Mutilation. One aspect of the problem is the medical complications which survivors have to live with. Another is the risk that this practice, which is very ingrained in many cultures, is perpetrated on young girls here.

In addition to dealing with the cultural practices at the root of this practice, there is also a need to raise awareness among members of the medical profession regarding adequate intervention and treatment.

(vi) Transmission/increased risk of STDs

Women are at increased risk of infection/transmitting STDs because of: lack of education on sexual and reproductive health, involvement in relationships as a result of their need for protection/financial stability, gender inequality and the demographic composition of the refugee population.

Regarding the services provided, it is clear that few services, beyond the most basic, are directly available or even accessible to the population of concern. Many of the professionals involved in the provision of existing services, e.g. medical services, complained about the lack of the necessary resources, including funds, information and services such as interpreters, to tackle the problem effectively.

OUTLINE OF PLANNED ACTIVITIES

On the basis of the analysis conducted and in the light of the limitations of time and resources, we decided to focus on the following activities for the duration of the project:

1. Individual casework with survivors of SGBV

This would include both direct provision of **legal assistance and/or psychological support** as well as facilitating access to other services as may be necessary.

Beneficiaries were identified through:

- JRS outreach work in detention centres;
- Individuals and agencies working in the field (both in community and in detention).

2. Advocacy

Throughout the duration of this project we planned to **work with the authorities concerned to**

enhance awareness of the situation of female asylum seekers and the particular needs of survivors of SGBV, in order to ensure that they receive the protection they need.

In addition, UNHCR would work with the stakeholders involved in order to **identify best practice and develop Standard Operating Procedures**, in order to enhance capacity to respond to the needs of survivors and prevent further incidents of SGBV within the refugee community.

3. Training

JRS also identified the provision of **basic training for cultural mediators** working within the project **and interpreters** as a priority.

The aim of this initiative would be to establish a list of interpreters with basic training, for distribution to the various agencies working in the field in the hope that it will facilitate their work and improve the quality of care and protection that provided.

The training for interpreters would consist of a number of seminars tackling different issues including: language assessment, helping skills, communication, information on interpreting in different contexts and the role of the interpreter.

4. Preventing SGBV through community based initiatives

This area of activity would involve the psychologist/s and cultural mediator/s working on this project organizing **group sessions** for male and female asylum seekers in detention.

These sessions would focus on health issues, including issues related to sexual and reproductive health, gender issues, cultural practices, as well as information about legal rights and obligations.

Given the limitation of resources and the fact that all the female detainee population is currently housed at Lyster Barracks, we decided to focus almost exclusively on this centre.

PROJECT OUTCOMES

The following is an outline of the main outcomes of the activities implemented to date.

1. Individual casework

Throughout the duration of this project, JRS staff was regularly present in detention centres, conducting outreach among the detainee population.

In addition, project staff offered in-depth assistance in 35 cases.

Legal assistance was offered in 28 of these cases. In 18 of these cases assistance was offered within the context of asylum procedures. In eight cases the assistance required was related to immigration status/release from detention, in one case the assistance required related to DV and in another to possible resettlement.

In all a total of 16 people were referred for psychological support; today this service is being provided to 10 people.

The most common and/or serious forms of harm encountered include:

- **Domestic violence** [in at least 5 cases]
- **Rape/sexual assault** [in at least 10 cases, in 9 of which the victim was female and one in which the victim was male; in 6 cases the assault took place in the country of origin, in one case it took place in both the country of origin and the transit country and in 3 cases the assault took place in a detention centre in Malta. In 2 of these cases the victim got pregnant as a result.]
- **Trafficking** [in at least 8 cases – 7 of whom arrived this year]
- **Prostitution** [in at least 2 cases]

FGM is also extremely common, particularly, but not only, among the Somalis, who practice the most severe form of FGM. However, many request medical rather than legal or psychological assistance as a result of this form of harm.

It is somewhat difficult to assess the impact of provision of legal assistance within the context of RSD procedures, as so far very few of the project beneficiaries have been called up for an interview. Where the legal assistance was directed at achieving other objectives, such as regularization of stay, the desired end was achieved in most cases, however as a rule it was not directly related to the existence of SGBV.

The provision of psychological support was somewhat more problematic. Although a number of persons were referred to this service, in practice very few committed themselves to undergo therapy in the long-term. The possible reasons for this are highlighted in the following section.

2. Advocacy

During the project, the issues which emerged as being most pressing, both from the individual casework and the participatory assessment sessions in detention (see 4 below), were:

- the poor conditions in which women are detained;
- the lack of security for women within detention centres.

When these issues were raised during meetings with the authorities concerned, the response was essentially that they are committed to work on improving reception conditions. However, throughout the duration of the project no significant improvements in reception conditions were noted.

The authorities also stated that, at some point in the future, once the projected centre at Ta' Kandja is built and more bed space is available, they would be able to provide women with separate accommodation. However, they excluded the possibility of doing so at the present moment.

3. Training

Throughout the duration of the project, JRS staff invested considerable energy in the **formation of the cultural mediators** working within the project. Much of this formation took the form of on-the-job training and, particularly in the case of one of the cultural mediators, who has a very low level of formal education, the input required was considerable.

Between September and November 2007 JRS organized training for a group of 14 people of different nationalities, who act as **interpreters** with different institutions, including JRS, UNHCR and government entities.

This course took the form of 6 seminars delivered by professional from various disciplines.

The following seminars have been held to date:

01.09 – **Interpreting – basic skills** (Dr Nathalie Kenely, Department of Social Work, University of Malta)

15.09 – **Language assessment** (Ms Sarah Delicata)

22.09 – **Interpreting in a psychological context** (Ms Nadya Abdilla)

20.10 – **Interpreting for UNHCR – including focus on SGBV issues** (Ms Alexandra Strang & Ms Caroline Blay)

17.11 – **Interpreting in a legal context** (Dr Katrine Camilleri)

The final seminar, which will focus on **Interpreting in a medical context**, will be held during the month of December. The course will conclude with a short ceremony and handing out of certificates to the course participants.

4. Preventing SGBV through community-based initiatives

Between July and September 2007 the JRS nurse and cultural mediator worked with MDM on their project to organize a **community education programme** on health issues, with a focus on sexual and reproductive health, in the Open Centres.

During this time JRS project staff benefited from MDM's considerable experience in the field, thus building local capacity to work on SGBV prevention in the long-term. We also worked on gathering and developing/adapting educational materials which can then be used for similar initiatives in the future.

A total of 16 sessions were carried out in 3 Open Centres: Hal Far Tent Village, Dar Liedna and Dar Qawsalla.

At the end of July, JRS psychologist, Ms Nadya Abdilla, and JRS nurse, Ms Lora Pullicino, together with the cultural mediators employed to work on this project, started organizing group sessions/participatory assessments in Lyster Barracks. In all they held a total of 24 sessions with female detainees and two with men accommodated in different Zones (sections) within the barracks. The groups were divided by nationality, primarily into the following categories: Ethiopia/Eritrea; West African and Somalis.

As from November 24, 2007, another two psychologists started working on the organization of group sessions for male detainees.

A number of concerns emerged during the meetings with female detainees. As will be seen these relate mostly to their present situation, including:

- Lack of satisfaction of basic needs, including lack of access to medical care, poor quality food, inconsistent and insufficient water supply, denial of access to open air, visitors not allowed to bring gifts;
- Lack of meaningful/constructive activities;
- Insufficient information regarding RSD procedures and immigration law/policy on release;
- Depression, apathy, hopelessness as a result of inactivity, loss of hope for the future;
- Fact that women are detained with men – problems related to lack of privacy and security
- Soldiers' behavior towards women, particularly lack of privacy in toilets/showers;
- Vulnerability of women in transit.

Most of the single females specifically requested to be placed in a separate detention centre – i.e. not just in a separate section of the same centre, but a centre specifically for women.

The themes of powerlessness, lack of security and lack of satisfaction of basic needs were recurrent themes which came up throughout, and the participants at the meetings often expressed frustration at the fact that the concerns they raised during the previous meetings had not been addressed. However, with time they were willing to move on and start discussing other issues, such as gender issues, cultural practices such as FGM and their rights and obligations within Maltese society.

As a rule, participants were often reluctant to discuss sexual and gender based violence (apart from FGM) in a group setting. Most insisted that they had not been raped or otherwise subject to sexual violence, which could be due to the level of stigma attached to this topic.

Many of the detainees who attended these sessions said that they appreciated the meetings and expressed the desire to meet on a regular basis in the long-term. Staff working on the project felt that the meetings gave the women a chance to make their voice heard, which they appreciated.

MAIN CHALLENGES/LIMITATIONS OF THE PROJECT

Overall, it is felt that the main limitation of the project was the very limited time available for its implementation. This project delved into what was, until recently, totally uncharted territory and a period of 8 months is therefore clearly insufficient to achieve the stated aims.

Another major challenge is the fact that this project is being implemented among immigrants in detention. Working in detention poses particular challenges, especially in relation to confidentiality and privacy, as in practice it is almost impossible to provide such basic guarantees in the circumstances.

This is especially problematic, given that the project tackles SGBV, which has a particular stigma attached. We believe that this fact may have stopped people from making use of the services available to avoid the stigma of being associated with SGBV.

In addition, the fact that the immigrants' basic needs are often not met means that in practice it is far more difficult to engage them on issues of SGBV, as for them the priority is ensuring that their basic needs are met.

There were particular challenges in the area of provision of psychological services as, although a number of persons were referred to this service, in practice very few committed themselves to undergo therapy in the long-term. This could have been due to a number of reasons, including the fact that:

- beneficiaries are often facing serious problems that require their attention as a matter of priority, e.g. regularizing their stay, finding work, finding accommodation, detention;
- in many cases the SGBV occurred years before, in the country of origin or in a country of transit, and although it is a cause of psychological trauma it is not the most pressing problem facing the individual concerned;
- because of his/her present situation the individual concerned is unable to tackle past psychological trauma;
- many people referred failed to understand the role of a psychologist and, once this was clarified they were not prepared to follow-up with treatment;
- the individuals referred do not see any tangible or concrete immediate benefit to be achieved from the service so they do not follow up.

In general it was clear that psychological support was most appreciated and availed of in cases where there were presenting issues and the intervention was meeting a clear and real need, e.g. mental health problems.

POSITIVE ELEMENTS

The most positive elements of this project are undoubtedly:

- the fact that we have become increasingly aware of issues effecting immigrant women, both in detention and in the community;
- the fact that women are now approaching us with issues relating to SGBV;
- the use of cultural mediators, which has opened doors previously locked and allowed us to establish communication with sectors of the immigrant population that were largely isolated due to the language barrier, e.g. Somali women;
- the fact that members of the immigrant community have started to approach the cultural mediators for assistance in accessing the services they require, signifying that they have been successful in establishing their role;
- the use of group sessions to tackle issues of SGBV that provided the possibility to bring up these issues in a non-threatening environment;
- the fact that, through the sessions, the women have stated to feel they have a voice and that they are equally important, even where there is no man to back them up;

- the fact that we now have a number of interpreters with at least basic training in providing this service.

PLANNED ACTIVITIES

During 2008 we will continue working on the activities outlined above. More specifically:

1. Individual casework

In this area, work will continue very much as previously.

2. Advocacy

Specific attention will be paid to the situation of women in detention and efforts will be directed towards ensuring that women are no longer detained with men.

One or two seminars with professionals working in the field will be held during 2008, in order to bring together all the major stakeholders in the area to discuss issues relating to SGBV, in order to ensure that beneficiaries will be able to access the services and support they require.

We will also publish a booklet on the project outlining the main outcomes of this project and the main lessons learnt in order to ensure sustainability.

3. Training

The training for interpreters will be concluded.

4. Prevention of SGBV through community-based initiatives

Group sessions in Lyster Barracks will be held with both men and women for a number of weeks.

We will also publish a number of leaflets on the following topics:

- Marital and family law (including polygamy, spouse's equal rights, laws and information regarding domestic violence)
- FGM (including health consequences, law, position of religion and also specific social beliefs)
- Rape / sexual assault (including procedures and help available and how the law addresses this issue)