

# FULL COOPERATION: ZERO VIOLENCE

## BARRIERS TO HELP-SEEKING IN GENDER-BASED VIOLENCE AGAINST WOMEN: A RESEARCH STUDY

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L-Università  
ta' Malta



MINISTRY FOR EUROPEAN AFFAIRS  
AND EQUALITY





Full Cooperation  
**ZERO** Violence



**DEDICATED**

to all VAW survivors

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The opinions expressed in this work are the responsibility of the authors and do not necessarily reflect the official policy of the Ministry for European Affairs & Equality.











# EXECUTIVE SUMMARY

## BACKGROUND

This research project, carried out by the Department of Gender Studies, Faculty for Social Wellbeing, University of Malta, is part of a national project entitled 'Full Cooperation Zero Violence' and is co-funded by the Rights, Equality and Citizenship (REC) Programme of the European Union. The project is being managed by the Human Rights and Integration Directorate within the Ministry for European Affairs and Equality.

## RESEARCH PURPOSE

This research attempts to identify and explore the barriers being faced by survivors of gender-based violence against women in Malta and Gozo when seeking help at the various state and voluntary services as seen from their perspective, as well as those faced by professionals when delivering a service to the survivors as seen from the professionals' perspective.

## DEFINITIONS

The two central concepts in this study were 'Violence against Women' (VAW) and 'Gender-Based Violence' (GBV). The study used, and was informed by, the definitions provided by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, also referred as the Istanbul Convention. This Convention defines "violence against women" as:

'a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life;' (Article 3a).

Moreover, "gender-based violence against women" is defined as:

'violence that is directed against a woman because she is a woman or that affects women disproportionately'. (Article 3d).

## DESIGN

This study adopted a qualitative research design and the data collection strategy used included 16 qualitative interviews and six focus groups with both survivors and professionals. A total of 50 participants took part in the study - 23 survivors and 27 professionals. The interviews and focus groups were audio-recorded and transcribed; the transcripts were subjected to rigorous coding following the Constant Comparative Method. A strict adherence to the principles of research ethics was crucial given that participants included vulnerable persons. The credibility and trustworthiness of the research was ascertained mainly through a respondent validation process, data and observer triangulation and reflexivity.

# RESULTS

The study identifies nine main interrelated categories of barriers including: (1) Cultural barriers, (2) Socio-economic barriers (3) Survivor-related barriers, (4) Perpetrator-related barriers, (5) Offspring-related barriers, (6) Informal networks (Family and Friends) barriers (7) Psychosocial /Health Care / Education provision barriers and (8) Justice system barriers (including police and courts).

The predominantly patriarchal Maltese society remains an underlying and ubiquitous barrier. Gender inequality still manifests itself in social attitudes, gender roles and dominant discourses. Some barriers appear to be internalised by survivors in the context of this patriarchal society leading to possible negative emotional states, most notably shame. Economic dependence, unaffordable rent conditions and employment challenges emerged as barriers that exacerbate the help-seeking process.

Perpetrators are perceived as one of the major barriers to help-seeking behaviour because they tend to be manipulative and controlling. Moreover, children seem to be the primary motivating factor for the survivor to leave an abusive relationship acting as 'push factors'. However, there are instances when children are the 'pull factors' barring the survivor from exiting the abusive situation. Moreover, though informal support can enhance help-seeking behaviour, this study shows that there are instances where such involvement may hinder help seeking.

Survivors report finding effective help from the supportive system including public agencies and (NGOs), however, they felt they were not sufficiently informed about the available services, resources and their rights. Poor inter-agency collaboration (in some instances) and the lack of specialisation are also considered service-related barriers. Health services and schools were reported as serving as the first contact point for some survivors or their dependents.

Survivors' re-victimisation through the justice system emerged as a real concern. Survivors feel that the justice system is insensitive and inflexible. Moreover, perpetrators tend to use the justice system to institutionalise their control over the survivor. The study results indicate that the police need to increase their competence in dealing with situations of violence against women. The judiciary process is another source of re-victimisation for the survivor. The process is too lengthy and slow. The judiciary's sensitivity towards survivors and their situation is deemed essential.

# RECOMMENDATIONS

This study presents a list of 32 recommendations which were categorised in accordance with the Four Ps of the Istanbul Convention, namely, Prevention, Protection, Prosecution and Integrated Policies. Awareness campaigns, specialist training, promotion of gender sensitivity in the justice system, the provision of handbooks and training to first responding officers and investigators, better legal provision, addressing the gap between service availability and accessibility, specialist services in Gozo, mechanisms for more effective inter-agency collaboration, gender-mainstreaming in areas of policy, and further research are some of the presented recommendations in this study.

# LIMITATIONS

The participants in this qualitative research are not representative of the whole population of GBV survivors and the professionals who work with them. In view of this, generalizations have to be cautionary. Furthermore, most participants predominantly spoke about their experience of domestic violence which is only one manifestation of gender-based violence against women; other prevalent manifestations of violence such as FGM, trafficking and harassment did not emerge, hence specific research on these forms of GBV is being recommended. Another limitation is the language barrier with some foreign participants who took part in the focus groups; the use of their non-native language (i.e. English) might have hindered their participation. Moreover, the sample of professional participants did not include a medical doctor (general practitioner) because there was no reply from the gatekeepers and this may have impacted the discussion where health services are concerned. Many equally important issues have emerged and though, at times, issues deserved more in-depth analysis, they were discussed cursorily due to space restriction.

# CHAPTER ONE: INTRODUCTION

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## 1.1 INTRODUCTION

The main objective of this study is to gain a better understanding of the barriers being faced by survivors of gender based violence against women when seeking help as well as difficulties encountered by professionals when delivering a service to the survivors. The desktop and empirical research are informed by the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011, hereinafter referred as the Istanbul Convention, 2011) and the findings, therefore, will serve to facilitate the full implementation of the mentioned Convention on the Maltese islands.

Violence against women is a global, pervasive and multifaceted phenomenon (Choudhry, 2016); it is generally hidden, undisclosed, underreported and under-prosecuted (Heath, Lynch, Fritch, McArthur & Smith, 2011). This pervasiveness, manifested in high self-reported statistics (Haylock, Cornelius, Malunga and Mbandazayo, 2016), requires a collaborative, well-coordinated and well-implemented strategy by all the stakeholders to effectively prevent and adequately address violence against women, including girls (Istanbul Convention, 2011).

The Council of Europe (CoE) issued an Explanatory Report to the Istanbul Convention (2011, hereinafter Explanatory Report, 2011) to be considered alongside the Convention in its implementation. It states that violence against women is a worldwide phenomenon and is one of the ‘most serious forms of gender-based violations of human rights in Europe that is still shrouded in silence’ (para 1). Moreover, the Explanatory Report (2011) clarifies that Member States of the Council of Europe are urged to tackle violence against women through four major areas. These include (1) legal and policy measures, (2) support and protection for victims, (3) data collection and (4) awareness-raising.

## 1.2 FRAMEWORKS AND TERMINOLOGY

This study is informed by the main provisions of the Istanbul Convention as it focuses on the Four-P structure of the Convention, namely, Prevention, Protection and support for victims, Prosecution of offenders and integrated Policies.

Though the terminology of ‘victim’ and ‘survivor’ are often used interchangeably in the literature on violence against women and gender-based violence against women, it is important to accentuate the difference. While the former tends to be used in criminal justice, the latter seems to be preferred in the feminist discourse as it underscores women’s agency and resilience. Lombard and McMillan (2013, p. 11) define ‘survivor’ as ‘someone who has suffered victimisation but at the same time the term recognises the survivor’s agency in dealing with their experience and their ability to exercise that agency to make choices.’ State agents should support women in their journey “from ‘victim’ to survivor” (McMillan, 2013, p, 84).

# 1.3 INTERNATIONAL/REGIONAL HUMAN RIGHTS INSTRUMENTS

A global phenomenon requires a global perspective and approach. The international community has recognised violence against women as a real and serious breach of human rights and has taken various steps in dealing with it. The following section provides a non-exhaustive chronological list of some of the international and regional instruments that aim at eliminating discrimination and/or violence.

- 1979 - The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
- 1993 - The United Nations General Assembly adopted a Declaration on the Elimination of Violence against Women that laid the foundation for international action on violence against women.
- 1995 - The Beijing Declaration and Platform for Action identified the eradication of violence against women as a strategic objective among other gender equality requirements.
- 1998 - UN General Assembly Resolution 52/86 on Crime Prevention and Criminal Justice Measures to Eliminate Violence against Women specifically urges states to empower police to respond promptly and promotes mandatory cross-cultural and gender-sensitivity training modules for police.
- 2011 - Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (2011) (hereinafter referred to as the Istanbul Convention). It is the first legally binding instrument that provides a comprehensive legal framework and approach to combat violence against women.
- 2017 – CEDAW Committee adopted General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19. The latter brought violence against women into the realm of human rights whilst the former elaborates on the gender-based violence against women building on the Committee’s and ‘other international human rights mechanisms, as well as developments at national, regional and international levels’ (United Nations Human Rights Office of the High Commissioner, 3<sup>rd</sup> Para).

The Istanbul Convention acknowledges but does not cover issues which are already covered by other international conventions, particularly, the Convention on Action against Trafficking in Human Beings and the Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse.

The Istanbul Convention entered into force on 1<sup>st</sup> August 2014. So far 22 countries out of 47 member states of the Council of Europe have ratified the Convention, while a further 22 have signed their intention, but have not yet ratified it. Through the Council of Europe Convention on Prevention and Combating of Violence against Women and Domestic Violence (Ratification) Act (2014), Malta ratified the Convention on 1<sup>st</sup> November 2014. Malta made a reservation (still *in vigore*) in relation to Articles 30 (2), 44(1)(e) and Article 59. Hence these articles do not apply to Malta.

Article 30(2) – Compensation – This article refers to the state compensation granted to survivors who have had serious bodily injury or impairment, where the damage is not covered by other sources such as the perpetrator, insurance or State-funded health and social provisions.

Article 44(1)(e) – Jurisdiction – This provision refers to the jurisdiction over any offence established in the Convention when the offence is committed abroad by a person who has his or her habitual residence in the parties’ territory, in this case in Malta.



Article 59 – Residence status – This extensive article addresses protection against various difficult scenarios of migrant women whose residence status is dependent on that of the perpetrator.

According to Article 79 (1), the reservations have a limited validity of five years unless explicitly and formally renewed. As opposed to indefinite reservations, this time-bound provision gives members state the opportunity to re-examine their reservation and communicate with the Council of Europe accordingly.

By virtue of Article 66 of the Istanbul Convention, a monitoring mechanism was established to monitor the implementation of this Convention. This mechanism consists of a group of experts on action against violence against women and domestic violence, which is also known as GREVIO. Malta will be monitored by GREVIO in the second and third quarter of 2019.

## 1.4 DEFINING VIOLENCE AGAINST WOMEN

The Istanbul Convention defines “violence against women” as:

‘a violation of human rights and a form of discrimination against women and shall mean all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life;’ (Article 3a).

Moreover, “gender-based violence against women” refers to:

‘violence that is directed against a woman because she is a woman or that affects women disproportionately’. (Article 3d).

The Explanatory Report (2011) also clarifies that ‘gender-based violence against women differs from other types of violence in that the victim’s gender is the primary motive for the acts of violence. The scope of the Istanbul Convention also includes girls under the age of eighteen years. Although gender-based violence against women is an *ipso facto* act of discrimination, literature also suggests that discrimination and inequality precipitate gender-based violence and violence against women. The Explanatory Report states that discrimination against women provides a ‘breeding ground for tolerance towards violence against women’ (para 49). Furthermore, Haylock et al. (2016) and Choudhry (2016) claim that gender inequality is the root cause for gender-based violence against women.

## 1.5 GENERAL OUTLINE OF THIS STUDY

This chapter offers a general introduction to the subject of violence against women, nomenclature and the international instruments. The second chapter reviews the literature, local and overseas, which analyses the phenomenon of violence against women. The third chapter includes the research design. The fourth chapter presents the analysis of the eight identified categories of barriers. The subsequent chapter includes the conclusions and recommendations in line with the four Ps of the Istanbul Convention.

# CHAPTER TWO: LITERATURE REVIEW

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## 2.1 INTRODUCTION

This chapter reviews evidence on the prevalence, manifestations and the consequences of violence against women. It offers a thorough analysis of the barriers for help-seeking behaviour and interventions and the four Ps of the Istanbul Convention, namely Prevention, Protection, Prosecution and Policy.

## 2.2 PREVALENCE OF VIOLENCE AGAINST WOMEN

Statistics might 'dehumanise or cloud the faces of survivors of violence, who are our partners, mothers, daughters, grandmothers, friends, even ourselves' (Haylock et al., 2016, p. 232). Nevertheless, statistics tend to figuratively underscore the severity of this worldwide problem. Given the range of violence that falls on the continuum, most women will experience some form of direct or indirect male violence in their lifetime. It has also been established that women are most at risk from the men they know and often from current or previous partners (Lombard & McMillan, 2013).

Garcia-Moreno and Pallitto (2013) estimate that 35.6% of women worldwide experience either physical and/or sexual intimate partner violence or non-partner sexual violence. Though women tend to be exposed to other forms of violence, this estimate already represents a large proportion of the population of women worldwide. Garcia-Moreno and Pallitto also confirm that worldwide, 30% of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. Moreover, of the adult women, 7.2% have experienced sexual violence by a non-partner.

The European Union Agency for Fundamental Rights (2014, hereinafter, FRA Survey, 2014) reports that 8% of women in the EU had experienced physical and/or sexual violence in the 12 months before the survey interviews. Moreover, 22% have experienced physical and/or sexual violence by a partner (current or previous) since the age of 15 and 33% have experienced physical and/or sexual violence since the age of 15. The latter estimate corroborates Garcia-Moreno and Pallitto's (2013) global estimate of women experiencing violence.

The FRA Survey (2014) reports that one-third of victims (34%) of physical violence by partner / previous partner experience four or more different forms of physical violence. The most common forms of physical violence involve pushing or shoving, slapping or grabbing, or pulling a woman's hair. FRA Survey also reports that 11% of women have experienced some form of sexual violence since they were 15 years old, either by a partner or some other person. One in 20 women (5%) has been raped since the age of 15.

The European Commission's Special Eurobarometer 449 Report (2016, hereinafter referred as Eurobarometer Report, 2016, p. 10) shows that at least half of the respondents in each member state say that domestic violence against women is common in their country. The following table shows the

EU average, two other countries with the highest or lowest scoring (Portugal and Bulgaria) and Malta. When compared with the last survey of 2010, respondents in Malta (along with another nine member states) are likely to say that such violence is very or fairly common (81%), registering an increase by 4% and increase by 16% since 2008 (Commission for Domestic Violence, 2008). Nevertheless, the fact that 19% of the respondents in Malta think it is not very common or do not know about it cannot be underestimated.

	VERY COMMON	FAIRLY COMMON	NOT VERY COMMON	NOT AT ALL COMMON	DON'T KNOW
EU AVERAGE	25	49	20	2	4
PORTUGAL	54	39	5	1	1
MALTA	25	56	13	0	6
BULGARIA	11	39	34	4	12

*Table 1: Perceived Prevalence of Domestic Violence. Adapted from Eurobarometer Report, 2016*

One of the most robust local studies was a prevalence study conducted by the Commission on Domestic Violence in February – March 2010 (hereinafter CDV, 2011). Its findings reveal that 26.5% (306) of 1,154 ever-partnered women have experienced one or more acts of emotional, physical or sexual violence by a current or former partner at some point in their lives. Moreover, of these 1,154 ever-partnered women, 16% (182) have experienced an act/s of physical or sexual violence, or both. This is similar with the FRA Survey which found that 15% of women in Malta have experienced physical and/or sexual violence by a current or a former partner since the age of 15. Moreover, CDV's study showed that 52% (158) of the 306 respondents that have ever experienced domestic violence, reported that at least one act of emotional, physical, or sexual violence took place during the twelve months prior to the interview.

Formosa (2017) shows that in Malta reporting of domestic violence to the police has continued to increase steadily between 2014 and 2016 - 1046 in 2014, 1205 in 2015, 1272 in 2016. However, there was a slight drop in reported cases in 2017<sup>1</sup>. Between 2008 (450 reports) and 2016, there was an increase of 183%. Domestic violence seems to be more commonly reported in Għasri, Xgħajra, Cospicua, Birżebbuga and St. Paul's Bay (Formosa, 2017). The following table shows that while police reports of domestic violence have increased between 2014 and 2016, new referrals to the state social work agency, Appoġġ, have decreased.

	POLICE	DVU APPOĠĠ <sup>1</sup>
SOURCE	Crimerreview (2014, 2015 & 2016) & CMRU (2017)	Foundation for Social Welfare Services (FSWS)
2014	1046	535
2015	1205	537
2016	1272	467
2017	1257	No data available <sup>2</sup>

*Table 2: Domestic Violence – Number of Police Reports and New Referrals to DVU – Aġenzija Appoġġ*

<sup>1</sup> The 2017 statistics were provided by the CMRU on 15<sup>th</sup> January 2018.

It is important to note, however, that one victim may file more than one police report in a context of repeated violence. The following table provides some statistics in relation to the services offered by Aġenzija Appoġġ, the State Social Welfare agency, to survivors and perpetrators. These figures show that the demand for such services has been increasing.

AĠENZIJJA APPOĠĠ	2014	2015	2016	2017
TOTAL NUMBER OF CASES WORKED WITH (I.E. NEW + RE-CONTACTS + KNOWN) AT DVU	681	689	718	No data available
TOTAL NUMBER OF CASES OPENED (I.E. NEW + RE-CONTACTS) AT DVU	276	293	348	
CASES OPENED AT DVU AGED 60+	21	29	29	
PERCENTAGE OF CASES WORKED WITH AT DVU AGED 60+	7.6%	9.9%	8.3%	
CASES WORKED WITH BY THE MANAGING AGGRESSIVE BEHAVIOUR (MAB) SERVICE <sup>3</sup>	85	84	90	59 <sup>4</sup>
ATTENDED THE MAB PROGRAMME	2014 - 2015 <sup>5</sup>	2015 – 2016	2016 - 2017 <sup>6</sup>	
VOLUNTARY	10	10	9	
COURT-MANDATED	0	1	2	

*Table 3: Aġenzija Appoġġ*

The FRA Survey (2014) shows that generally, across Europe, women are most likely to contact healthcare services (hospital, doctor or other healthcare provider) followed by reporting the incident to the police. CDV (2011) shows that in Malta, 46% (65 women out of 140) sought help through the formal support systems: 26% (36) had reported their case to the police; 16% (22) had sought the advice of a lawyer; 12% (17) went to hospital or health centre and 12% (17) went to Aġenzija Appoġġ.

The Crime Victimization Survey of 2015 in Malta showed that 1.4% of respondents were victims of some forms of sexual offence. The study clarifies that this includes a mix of intimate (domestic) and stranger violence. Of the victims, 42.9% experienced more than one violent incident. Victims attributed these incidents to various precipitating factors such as the ‘mentality that man is always right’ (42.9%); drugs (28.6%); mentality that men are in command (28.6%); jealousy (28.6%); alcohol (14.3%); argument (14.3%) and sexual interest (0.2%). Only 14.3% of the survey participants knew the offender. Moreover, respondents described this incident as an ‘imposition’, an ‘assault’ and an ‘offensive attitude’ (42.9% each), and an ‘indecent assault’ and ‘rape’ (14.3% each) (Scicluna, Azzopardi, Formosa Pace & Formosa, 2015).

Police statistics show that 11 rape cases were reported in 2014, 23 in 2015, 27 in 2016 and 19 in 2017 (Communication and Media Relations Unit – CMRU - Malta Police Force, personal communication, April 28, 2017 & January 15, 2018). The following table shows that throughout the last four years, 64% of the reported rapes were filed by foreigners.

YEAR	FOREIGNERS	MALTESE	TOTAL
2014	6	5	11
2015	12	11	23
2016	20	7	27
2017	13	6	19
TOTAL	51	29	80

*Table 4: Reported Rapes (2014 - 2017)*

Violence against women encompasses a wide spectrum of violence ranging from verbal or non-verbal harassment and other forms of emotional/psychological abuse, to daily physical and/or sexual abuse (CoE Explanatory Report, 2011). At the far end of the spectrum, there is ‘femicide’ - the intentional murder of women and girls. Garcia-Moreno and Pallitto (2013) states that 38% of all murders of women are committed by intimate partners. In Malta this rate seems to be higher. Indeed, from a local study on femicide, it is reported that between 2000 and 2015, there were 30 murders of women, 17 (57%) of which were committed by their current or previous partner (Attard, 2016).

The CDV (2011) prevalence study provides the following results. Of the 1,200 (including women who never had a partner), since the age of 15:

- 6.5% (78) were physically abused – 37% (29) of whom by their father, 20.5% (16) by their boyfriend and 9% (7) by a stranger.
- 4% (49) were engaged in forced sex – 49% (24) of whom by their boyfriend, 14% (7) by a stranger and 12% (6) by a family member (including brothers, uncles and cousins).
- 6.4% (77) were touched sexually against their will – 23% (18) of whom by their boyfriend, 21% (16) by a stranger, 23% (18) by a male family member (including brothers, uncles and cousins) and 9% (7) by a family friend.

The above statistics show that violence against women is endemic worldwide and in Europe. Malta is not immune to this reality. Integrated policy should address both intimate partner violence and violence against women committed by perpetrators other than a current or former partner.

Gender is just one social category associated with oppression. Gender intersects with a number of other structural variables. Various social categories (e.g. gender, sexual orientation, age, race, ethnicity, socio-economic status, etc.) intersect at the ‘micro level of individual experience to reflect multiple interlocking systems of privilege and oppression at the macro, socio-structural level (e.g. racism, sexism, heterosexism, compulsory heterosexuality, heteronormativity, ableism)’ (Launius & Hassel 2015, pp. 114-115). Gill (2013) argues that intersectionality sheds light on the ways in which class, education, employment, status, sexuality, birthplace, positions within the community, racism and access to service, amongst others, ‘intersect to create the constraints and opportunities within which women exercise agency’ (p.143). This shows that violence against women is multi-dimensional and multifaceted.

## 2.3 DIFFERENT MANIFESTATIONS OF VIOLENCE AGAINST WOMEN

According to Istanbul Convention, “domestic violence” includes:

‘all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim’ (Article 3b).

This applies irrespective of their biological or legal family ties (Explanatory Report 2011). Moreover, economic violence can be linked to psychological violence. Domestic violence tends to refer to mainly two types of violence: intimate-partner violence (between current or former spouses or partners) and inter-generational violence (between parents and children).

The Istanbul Convention lists various manifestations of violence including psychological violence (article 33), stalking (article 34), physical violence (article 35), sexual violence, including rape (article 36), forced marriage (article 37), female genital mutilation (article 38), forced abortion and forced sterilisation (article 39) and sexual harassment (article 40).

### a) Psychological violence

Under the heading of ‘psychological violence’ (in literature also found as emotional abuse), the Istanbul Convention refers to two acts of violence: threats and coercion which have serious impact on the psychological integrity of the person. According to the Explanatory Report (2011), this refers to patterns of behaviour rather than a single act. According to Berry (2000), it involves constant actions (including verbal) ‘to shame, insult, ridicule, embarrass, demean, belittle or mentally hurt’ another person (p. 3).

### b) Stalking

Lombard and McMillan (2013) argue that stalking is ‘the most dramatic form of surveillance used in coercive control’ (p. 25). Partner stalking, which is twice the typical length of that performed by strangers, tends to last slightly more than two years on average. Stalking is also linked with other forms of violence. Indeed, of the 4.8 million women who reported being stalked by current or former partners, 81% were also physically assaulted and 31% were sexually assaulted (Lombard and McMillan, 2013). According to the FRA Survey (2014), in the 28 EU countries, 18% of women have experienced stalking since the age of 15, and 5% of women (corresponding to nine million women) have experienced it in the 12 months before the survey interview.

### c) Rape

Rape is a grave manifestation of violence on women. Nevertheless, it is underreported and consequently under-prosecuted (Bachman, 1998 as cited in Heath et al., 2011; Spohn & Trellis, 2012 as cited in McMillan, 2013). Heath et al. argue that when a rape or sexual assault goes unreported and unprosecuted, both perpetrators and the general public get the impression that there are no serious repercussions for engaging in sexual aggression. The Eurobarometer Report (2016) reports that 11% of the respondents say forcing a partner to have sex should not be against the law and 49% say that this is already illegal and 39% think it should be illegal. In Malta, 14% think that though it is wrong, it should not be against the law.

#### d) Female Genital Mutilation

Female Genital Mutilation (FGM) is a traditional practice affecting nearly 140 million women and girls worldwide who are at risk of the practice (Population Reference Bureau, 2014 as cited in National Commission for the Promotion of Equality, 2015, hereinafter referred to as NCPE, 2015). Elman (2013) argues that these practices, represent a 'violent reproduction of gender that specifically functions to enforce and perpetuate female subordination' (p. 237). Though there is no evidence that this practice is common in Malta, in 2013, FGM in Malta was outlawed and criminalized as required by Article 38 of the Istanbul Convention (NCPE, 2015). Notwithstanding the legal prohibition, the issue of FGM must be further addressed even in Malta. The NCPE cites two reasons. Firstly, individuals who may have been cut elsewhere are now in Malta, and therefore they are users of the local health services. Hence, health professionals frequently have to deal with the complications arising from FGM undertaken prior to the woman's arrival to Malta. Secondly, women and girls might be at risk of FGM whilst in Malta, therefore, the police and social services must be well-equipped in terms of training and preparedness to effectively deal with such situations and help identify individuals at risk.

#### e) Other Manifestations of Violence

The Istanbul Convention also refers to forced marriage (article 37), forced abortion and forced sterilisation (article 39). There is no local data in relation to these forms of violence, though recently, there has been a reported case of forced abortion by a partner (Bonnici, 2017). As demonstrated, violence can be manifested in various ways, and the common denominator seems to be inequality and power imbalance. The consequences of violence against women could be either physical or sexual or emotional or economic or a combination of these. Though consequences tend to be mentioned separately for analytic purposes; in reality, survivors tend to suffer from intertwined multiple consequences.

## 2.4 CONSEQUENCES OF VIOLENCE ON WOMEN

Garcia-Moreno and Pallitto (2013, p. 8) document three main interlinked health consequences of intimate partner violence (1) physical trauma, (2) psychological trauma and stress and (3) fear and control.

- Physical – Injury (musculoskeletal, soft tissue, genital trauma and other).
- Psychological Trauma/Stress – Mental health problems (Post Traumatic Stress Disorder - PTSD, anxiety, depression, eating disorders and suicidal ideations); substance use (alcohol, other drugs, tobacco); non-communicable diseases (cardiovascular disease and hypertension); somatoform (irritable bowel, chronic pain, chronic pelvic pain).
- Fear and control – Limited sexual and reproductive control (lack of contraception and unsafe sex); perinatal/maternal health (low birth weight, prematurity, pregnancy loss); health care seeking (lack of autonomy, difficulties seeking care and other services); sexual and reproductive health (unwanted pregnancy, abortion, HIV, other STIs, gynaecological problems).

The abovementioned categories may lead either to disability or death (homicide, suicide or other). Some of the key findings of the systematic review by Garcia-Moreno and Pallitto (2013), include that of the physically and sexually abused, 42% have experienced injuries. Moreover, women exposed to intimate partner violence are more than twice as likely to experience depression as women who have not been exposed to such violence.



In her qualitative study, Mangion (2016) reports irregular eating patterns, psychological distress, suicidal ideations as well as physical injuries that led to hospitalisation of women experiencing domestic violence. The multitude of consequences of violence against women is also reflected in the prevalence study in Malta by CDV (2011, p. 115) which reveals that the 182 participants who were physically or sexually abused, during the four weeks prior to the interview, experienced the following symptoms:

SYMPTOM	TOTAL (OUT OF 182)	%	SYMPTOM	TOTAL (OUT OF 182)	%
NERVOUS, TENSE OR WORRIED	132	72.5	CRY MORE THAN USUAL	57	31.3
FEELING UNHAPPY	88	48.4	LOST INTEREST IN THINGS	53	29.1
EASILY TIRED	85	46.7	DAILY WORK SUFFERING	52	28.6
DIFFICULTY TO MAKE DECISIONS	81	44.5	POOR DIGESTION	47	25.8
OFTEN HAVE HEADACHES	77	42.3	UNABLE TO PLAY A USEFUL PART IN LIFE	46	25.3
DISCOMFORT STOMACH	77	42.3	HANDS SHAKE	44	24.2
SLEEP BADLY	76	41.8	POOR APPETITE	40	22
DIFFICULTY TO ENJOY DAILY ACTIVITIES	69	37.9	FEELING WORTHLESS	33	18.1
TIRED ALL THE TIME	68	37.4	THOUGHT OF ENDING LIFE	18	9.9
TROUBLE THINKING CLEARLY	61	33.5	ATTEMPTED TO END LIFE	13	7.2
EASILY FRIGHTENED	59	32.4			

*Table 5: Consequences of Domestic Violence. Adapted from CDV (2011, p. 115).*

According to CDV (2011), in Malta, of the 140 respondents who have ever experienced physical violence, it results that 48% (67) reported that they had sustained injuries caused by physical violence committed by an intimate partner. Injuries included cuts, punctures, bites, scratches, bruises, dislocation, burns, deep cuts, fractures and others. Of the 67 who experienced physical violence, 29 (43.3%) needed health care for injuries. Of the 67, ten reported that such injuries took place within the twelve months before the interview.

Table 6 shows different types of injuries suffered by women as a result of husband/partner violence in Malta (CDV, 2011, p. 121).



TOTAL	67	%
CUTS, PUNCTURES, BITES	19	28.4
SCRATCH, ABRASION, BRUISES	61	91
SPRAINS, DISLOCATION	13	19.4
BURNS	2	3
PENETRATING INJURIES, DEEP CUTS, GASHES	6	9
BROKEN EARDRUM, EYE INJURIES	3	4.5
FRACTURES, BROKEN BONES	6	9
BROKEN TEETH	3	4.5
OTHER INJURY	5	7.5

*Table 6: Consequences of Domestic Violence: Adapted from CDV (2011, p. 121)*

In the four weeks prior to the interview, of the 19% (73) who reported that they had taken pain relievers many times, 26% (19) were females with a history of physical and/ or sexual violence. The use of prescription drugs by women has been studied by Clark (2015) who highlights how trauma and interpersonal violence may be the causal factors for the non-medical use of prescription drugs among women and data indicates that the use of prescription drugs is higher among women than men. For instance, in Malta, the use of life-time prescription drugs is at 19% for females and 7% for males (13% overall).

Violence against women very often has a detrimental impact on children who are dependent on the adult survivors (Hester, Pearson & Harwin, 2007). UNICEF (2006) conservatively estimates that around 275 million children worldwide are exposed to domestic violence. Due to the lack of data and the underreporting to the police, it is difficult to estimate the number of child witnesses in Malta (Sammut Scerri, 2015). UNICEF states there seem to be three heightened risks of domestic violence on children:

1. Children who become victims of abuse themselves.
2. Harm to the child's physical, emotional and social development.
3. A strong likelihood that this will result in violence for the next generation.

Moreover, Sammut Scerri (2015) refers to the 'continual' (p. 2) and 'intense contradictions of love and abuse' (p. 271) that child witnesses have to struggle with. (p. 2). Evidence suggests that children do not necessarily experience all of these symptoms yet the consequences on child-witnesses are hard to predict (Hester et al., 2007). While referring to studies carried out by Wolfe et al. (2003), Hague, Harvey & Willis (2012) conclude that a 'wide range of children's developmental outcomes are likely to be compromised by exposure to domestic violence.' Nevertheless, Hague et al. highlight that children may recover 'admirably well' (p. 27), so it should not be assumed that harm is automatic in all cases; they should not be pathologised, and their resilience should not be underestimated.

## 2.5 WOMEN IN MALTESE SOCIETY

Violence against women should be taken into consideration within a wider context (the macrosystem). The latter refers to particular subcultures, cultures, belief systems and ideologies (Bronfenbrenner, 1979, p. 26). Bastin (2011, p. 70) concludes that in Malta, structural and cultural barriers exist:

[...] because of a large number of factors having been brought together; the size of Malta makes it able to isolate itself and resist change, the history of attempted invasion created the hardened 'warrior' or 'strong male identity', and the influence of the Catholic Church created the patriarchal society, which in turn all contribute to structural violence.

Clark (2012) refers to the social control in Malta due to its 'small size of communities, the denseness of networks and the pervasiveness of gossip [...]' (p. 19). Moreover, according to Naudi (2004), the influence of the Catholic Church, the over-emphasis on family values, lack of anonymity and gossip are some of the powerful factors that tend to influence the life on the Maltese islands. Naudi acknowledges that as 'Maltese society changes however, this is beginning to lose some of its force, although it still carries effective potency within the larger society' (p. 4). Malta is a Mediterranean country and religion has played a major role throughout its history. Bryant (2006 as cited in Said Giovannelli & Jackson, 2013) claims that persons who are traditionally religious tend to accept traditional gender norms and roles. Lidzy (2005) also argues that a traditional Christian worldview may consider men as possessing a degree of authority over women: men are considered as spiritual leaders.

Magrini 2003 (as cited in Weidman, 2003) and Abela (1994, as in Scicluna et al., 2015; Muenchow, 1989; Schneider, 1971; Gilmore, 1982 as mentioned in Clark, 2012 and Scicluna et al. argue that there are deeply rooted notions of 'honour' and 'shame' in the Mediterranean societies so this may render them too much concerned with protecting their honour and avoiding shame. Honour is valued; shame is not. Theorists argue that gendered ideas of shame and honour push men to be more violent towards women. In patriarchal societies, women's honour is commonly defined in terms of sexual purity; men's honour is associated with courage. In such societies, derogatory terms against women include 'slut' or 'whore'. In contrast, the terms 'wimp', 'coward' and 'sissy' are attributed to men who do not show courage (Kenschaft, Clark & Ciambone, 2016, p. 99).

Abela (2016) identifies various factors that have re-shaped family life including the process of globalisation and improved communication technology and a rising secularisation. Moreover, the need for 'individual autonomy and self-actualisation' (p. 20) has contributed to the rise in age of marriage, low fertility rate, rise in fertility outside marriage, more symmetry in gender roles and more economic independence of women. Despite the strong indications of the secularization of the Maltese society, in terms of gender equality, there are still various barriers that have not yet been overcome. The 2017 Report on equality between men and women in the EU shows the following statistics about Malta's status of gender equality.

	MEN	WOMEN	
IN EMPLOYMENT	83%	56%	26 <sup>th</sup> country (3 <sup>rd</sup> lowest)
HOURS IN PAID WORK PER WEEK	43	36	EU average: men 39 hrs, women 33 hrs
HOURS IN UNPAID WORK PER WEEK	11	29	EU average: Men less than 10 hrs, Women 22 hrs
DECISION MAKING POSITIONS	95.5%	4.5%	EU average 23.9%, the lowest in EU
IN PARLIAMENT	87%	13%	27 <sup>th</sup> country (2 <sup>nd</sup> lowest)

*Table 7: Malta: Equality between Men and Women*

The above statistics show that gender inequality is still a major issue in Malta. Women in Malta may be seen more ‘at risk’ than in the remaining EU countries.

Joining the EU in 2004 (Bastin, 2011), the introduction of divorce in May 2011 (Abela 2013 as in Abela et al., 2015) and civil partnership (Abela, 2016), the provision of free child-care facilities (Vella, 2015) and the accessibility to emergency contraception (Degabriele, 2016) are some of the socio-historical events over the last years which have triggered changes and transitions in the landscape of the Maltese society that affect women.

## 2.6 BARRIERS

One may identify two types of barriers in accessing support and/or criminal justice system responses – internalised and external barriers. Internalised barriers refer to the lack of awareness, acceptance of myths and misperceptions as part of the socialisation process. These barriers may be internalised by women survivors as well as by the community at large. External barriers may be located in three systems (1) informal system (including the perpetrator, family, friends, colleagues and acquaintances) (2) the formal systems (including therapeutic services, agencies) and (3) the justice system - police and court). External barriers also include lack of resources and lack of professional competence. Such barriers seem to be some of the main reasons why women do not disclose the abuse in the first place or do not seek professional help and/or file a police report when violence occurs.

### 2.6.1 SURVIVOR-RELATED BARRIERS

Despite their ordeal, women survivors are often resilient and can overcome barriers (Glicken, 2006). Notwithstanding, women survivors are part of the society that accepts myths which inculcate the ideas that women are inferior to men and are expected to be submissive, passive and willing to obey and they should be ‘demure and not assume control’ (Kennedy, Dugan & Roger, 2006, p.41).

Internalised barriers include internalised guilt, shame and embarrassment. Heath et al. (2011) argue that one of the reasons why women tend to remain silent about rape is due to a variety of rape myths including self-blaming, fear of not being believed, belief that familiar perpetrators cannot be rapists and doubting whether the event was indeed a rape or otherwise. Women often described such rape myth beliefs with greater frequency rather than discussing situational characteristics of the rape as reasons for non-reporting (Backman, 1998 as cited in McMillan, 2013).

Lack of awareness of what constitutes a crime seems to be another barrier. Heath et al. (2011) argue that survivors may lack the knowledge of what actually constitutes a crime and refer to the study of Fisher et al. (2003) which shows that over 42% of rape survivors cited that their primary reason for not reporting to the police was that they were not sure a crime had been committed. Heath et al. (2011) conclude that Rape Myths Acceptance (RMA) is a key factor in this cycle of non-reporting. RMA is very common, and the majority of women in the study of Heath et al. cited RMA-related reasons for choosing not to disclose or report rape. In order to challenge such internalised barriers – myths, misperceptions and fears, more effective and targeted awareness campaigns are required locally (Mangion 2016; Compagno 2016).

Literature seems to suggest that myths acceptance, guilt shame and embarrassment, lack of awareness, concern for personal, relational and economic losses tend to act as barriers. Barriers are internalised by the survivor as well as internalised and condoned by the community and society at large. The victim is not to be blamed for these internalised myths. 'Abuse is not a problem the victim can correct. It is a problem that only the abuser can fix... or that society can work to protect the victim from' (Delfufo, 1995, p. 148).

## **2.6.2 PERPETRATOR-RELATED BARRIERS**

The perpetrator is one of the main barriers within the survivor's microsystem. Research indicates that the perpetrator is normally known to the survivor (CDV, 2011). Berry (2000) pinpoints some of the characteristics of a perpetrator including the following: (1) exerting power and control, (2) minimising the abuse, (3) blame the woman and hardly accepting responsibility for their own behaviour, (4) being emotionally dependent on his female partner, (5) equating respect with fear and security with control, (6) being jealous, (7) manifesting lack of empathy and (8) unpredictable.

The mixed messages along the cycle of abuse (tension-building, explosion and honeymoon), can confuse the survivor and this could contribute to the continuation of violence because she 'falls prey to his loving side, which often makes its strongest appearance after an attack [...]' (Berry, 2000, p. 45). Concepts such as 'traumatic bonding' (Kennedy Dugan and Hock, 2006, p. 13) and 'Stockholm syndrome' (Hester et al. 2007, p. 27 & Berry, 2000, p. 56) can be seen to explain the powerful and paradoxical connection between the perpetrator and the survivor and how difficult this barrier may be to overcome and 'break free' (p.15) of such connection. Perpetrators are generally dependent on their female partner for emotional support, and this explains why the point of separation could be dangerous to the survivor (Berry, 2000).

### 2.6.3 INFORMAL NETWORKS (FAMILY AND FRIENDS) BARRIERS

As previously stated, barriers to help seeking may exist in the interplay between the survivor and her community. There is the survivor disclosure or non-disclosure, community awareness and community's reaction to violence. Both CDV (2011) and the Eurobarometer Report (2016) refer to the (1) survivor's disclosure, (2) community's awareness and (3) the community's reaction. These factors are further explained hereunder.

In relation to the survivors disclosure of violence, according to CDV (2011), in Malta out of 140 survivors 71.6% (53) spoke to family members, friends and neighbours and 35% (49) services and authorities. This shows that generally, victims were likely to talk to a family member or an acquaintance from their informal network and less likely to seek help from a professional/formal service. In the prevalence study, CDV (2011, p. 6) found that 65 women out of 140 (46%) who sought help, 14% (19) turned to a priest, pastor or religious leader for help. This shows that the informal system plays an important role in providing informal support. Despite the secularisation of the Maltese islands, Catholic priests seem to still serve as a point of reference within the community.

In estimating the level of community awareness, the Eurobarometer Report, (2016) reports that across the EU almost one-quarter (24%) of respondents know of a friend or family member (men and or women) who has been a victim of domestic violence, while 18% know of someone who lives in neighbourhood and 10% know of someone at work or college. The survivors are most likely to be women in all three cases and across all Member States. In Malta, 24% know of a friend or family who experiences domestic violence (16% know only women, 2% know only men, and 6% know both women and men) which is much lower than Sweden (44%) and much higher than Italy (11%). This ubiquity of 'bystanders' shows the potential of the informal network in preventing violence and in supporting survivors. Informative and awareness-raising campaigns are crucial in educating the 'bystanders' within the micro and mesosystems.

The Eurobarometer Report (2016) analysed the way the community reacted to claims of domestic violence. The Eurobarometer Report finds that across the EU, just over seven out of ten (71%) respondents who know a survivor, have spoken to someone about it. Of this 71 % of the respondents, 39% spoke with a friend or family member of the victim, 33% with the actual people involved, while 12% spoke to the police, 10% to another person or service, 8% to a health professional and 7% to public or independent support service. Of the Maltese respondents, 57% were likely to speak to someone, which is low when compared with Sweden (83%), the Netherlands (82%) and Denmark, Czech Republic and Finland (81%). While the 57% could be seen as a resource from a strength-based perspective, the passivity of the other 43% could be construed as a barrier.

	MALTA	EUROPE UNION
'IT IS OR WAS NONE OF MY BUSINESS.'	43	26
'I DID NOT KNOW WHO TO SPEAK TO.'	5	8
'I WAS CONCERNED ABOUT THE NEGATIVE CONSEQUENCES OR RETALIATION.'	6	11
'I DIDN'T WANT TO CREATE TROUBLE.'	13	16
'I HAD NO PROOF.'	13	18

Table 8: The reasons why people did not speak to anyone

Individuals forming the informal support network have their own internalised beliefs, myths and misperceptions. A prominent belief is that violence within the family is a private matter. The Eurobarometer Report (2016) reports that 15% of the respondents across the EU consider domestic violence to be a 'private matter' that should be handled within the family; in Malta, 25% think it is a private matter; 2% in Sweden and 34% in Bulgaria. In Malta, however, the CDV (2011) found out that 73% of survey respondents (878) supported the claim that 'family problems should only be discussed with people in the family'. The variation could be either due to a changing and more open attitude towards domestic violence since 2011 or a methodological one (the question is asked differently in CDV, 2011) or both.

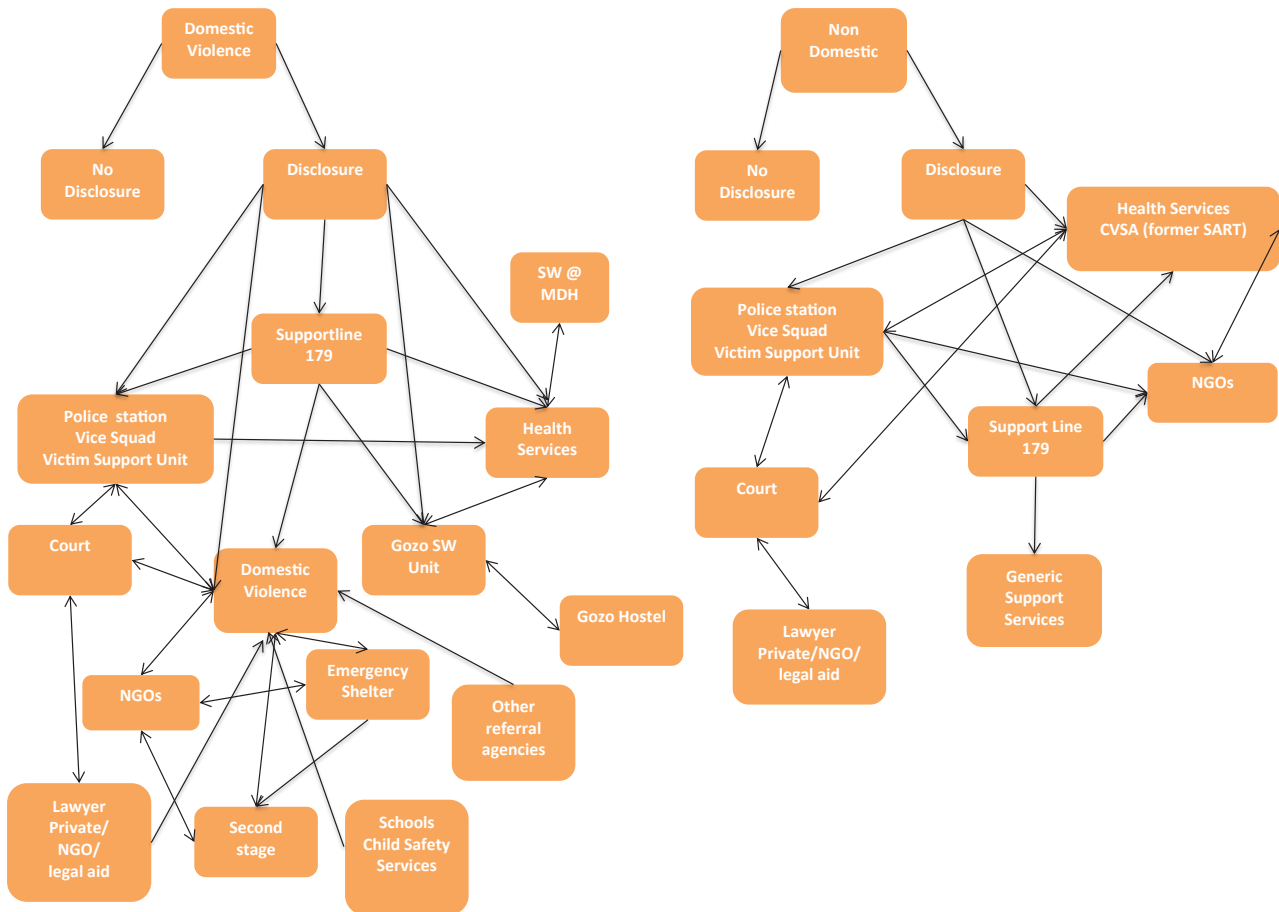
Claims of exaggeration of the issue by the survivor and disbelief on the part of those in her community act as barriers to help seeking. The Eurobarometer Report (2016) reports that more than one in five (22%) agree that women often make up or exaggerate claims of abuse or rape, with proportions varying from 47% in Malta to 8% in Sweden. Almost one in five (17%) agree violence against women is often provoked by the victim; 40% of the Maltese respondents agree with this claim. This is in line with the finding in Tabone (2010) who found out that 41% of university students blame rape victims for being intoxicated and that 14% provoke rapists. Another study among the University of Malta students, Galea (2015) also found out that victims of rape were likely to be more judged by male students and Catholic students. Survivors are less likely to seek help in a context where violence is downplayed, and survivors are blamed.

Another myth revolves around the profile of a rapist. The Eurobarometer Report (2016) reports that in five EU countries, the majority agree that women are more likely to be raped by a stranger than someone they know. These include the Czech Republic (57%), Greece (56%), Slovakia (55%), Malta (52%) and Lithuania (51%). This is in stark contrast with Sweden (14%) and the Netherlands (15%). Moreover, Tabone (2010) also found that 69% (of the 100 university students) believed that most rapes are perpetrated by strangers. This suggests that women raped by a family member or an acquaintance are likely to face incredulity by the majority in Malta as well as in the aforementioned five countries. This is also supported by the literature which claims that survivors who were raped by an acquaintance or a family member are less likely to be believed and are more reluctant to involve the police (McGregor et al. 2000; Sudderth, 1998 as cited in Heath et al., 2011). Scicluna et al. (2015) point out that in Malta, although most of the victims (71.4%) said that the incident was indeed a crime, most of them (85%) did not file a police report. Scicluna et al. argue that such reluctance could be due to two factors, namely, the fact that most of them knew the offender and that shame seems to still be a strong feature in the Mediterranean culture.

The abovementioned myths and misperceptions on violence against women may be internalised by survivors as well as by the community at large. If the 'others' believe that, for instance, (1) domestic violence is a private matter, (2) survivors exaggerate their claims and (3) violence against women is often provoked by the victim – that community is likely to put more barriers of secrecy, disbelief and blame.

#### **2.6.4 BARRIERS IN FORMAL SETTINGS**

Barriers in formal settings include barriers in protection and support services and the justice system. The former is covered in Chapter IV of the Istanbul Convention whilst the latter is covered in Chapter VI. Chapter IV refers to specific services which should be offered to survivors of violence. These services include: 'specialist services (Art 22), shelters (Art 23), telephone helplines (Art 24) and support of victims of sexual violence (Art 25) and protection and support for child witnessing (Art 26). Chapter VI refers to the investigation, prosecution and other protective measures including emergency barring orders and restraining or protection orders. In addressing the needs of survivors, agencies from different settings have to collaborate in order to offer an effective service.



**Figure 1: Communication Channels between Agencies**

Figure 1 shows that there are various services within the formal support system and the justice system in Malta (and less in Gozo). Moreover, it also shows that there are various services that may receive the 'initial disclosure' of violence and that services, with the survivors' consent, are likely to refer to other services as long as referring agents are fully aware of the available services, the eligibility criteria and the referral system. In the absence of an effective inter-agency collaboration, communication breakdown is likely and can act as a major barrier. Local research highlights the importance of improving effective inter-agency collaboration in Malta (Saliba, 2012, Naudi, 2015, Mangion, 2016, Compagno, 2016). Morris (2008) argues that service users experience multi-agency working as 'enhancing' when done effectively otherwise it is 'frustrating and disempowering' (p. 1). Thus effective interagency working is likely to minimise barriers to women survivors. Moreover, barriers both within the micro and macro, informal and formal system can be minimised, if not completely eliminated through on-going effective preventive programmes.

## 2.7 PREVENTION

The Istanbul Convention points out that awareness-raising includes other prevention initiatives such as education in schools to promote equality and challenge stereotypes, training for professionals, preventive interventions and treatment programmes for perpetrators and the participation of all stakeholders including the private sector and the media. Furthermore, the Convention urges states 'to promote changes in the social and cultural patterns of behaviour of women and men' in order to eliminate 'prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men (Article 12 (1)).'



Any prevention programme should address prejudices and social norms which are normally internalised by the whole society, including survivors, perpetrators, community and professionals (Naudi, 2014). Lockett and Bishop (2012, as cited in Haylock et al. 2016) argue that new knowledge is not sufficient to ensure sustained, positive changes in behaviour or norms and moreover, Haylock et al. argue that a sustainable attitudinal and behavioural change requires a deeper transformation of social norms. Thus evidence seems to suggest that in order to effectively address violence against women, one should implement measures across all systems (micro, meso, exo and macro) through legislative and non-legislative means. Though the Eurobarometer Report (2016) points out that whilst 83% of respondents in Malta confirm that domestic violence against women is unacceptable, violence against women in Malta is still high. Moreover, the Eurobarometer Report shows that 17% think that it should not be punishable by law even though it is unacceptable.

	CDV (2008)	EUROBAROMETER (2016)
<b>BELIEVE THAT DV IS ALWAYS UNACCEPTABLE AND SHOULD ALWAYS BE PUNISHABLE BY LAW.</b>	55%	83%
<b>ALWAYS UNACCEPTABLE BUT NOT NECESSARILY PUNISHABLE BY LAW.</b>	36%	17%

*Table 9: Tolerance towards Domestic Violence in Malta*

Effective prevention programmes entail the involvement of the whole community particularly the increased participation of men (Flood 2005; World Health Organization [WHO] 2007, as cited in Casey et al. 2012).

## 2.8 PROTECTION AND SUPPORT

Karakurt, Smith and Whiting (2014) argue that survivors are not ‘lifelong victims’ and that they can be supported through different ways and ‘can be empowered to help themselves’ (p. 700). It is important that women survivors receive effective interventions to enhance their own agency and services do not contribute to the ‘second rape’ (Madigan and Gamble, 1991 as cited in McMillan, 2013). Article 22 of the Istanbul Convention stipulates:

1. Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.
2. Parties shall provide or arrange for specialist women’s support services to all women victims of violence and their children.

There are a number of services in Malta that offer protection and support to women survivors, mainly, though not exclusively, of domestic violence. According to Naudi (2015), services in Malta include the following:

- Three women’s shelters:
  1. One emergency shorter term, Għabex (Appoġġ), which opened in 2000 and is state-run;



2. One emergency longer term Merħba Bik (run by Good Shepherd sisters), which opened in 1980; it is Church-run and is partially state-funded;
3. One second stage long term (Programm Sebħ, Dar Qalb ta' Ġesu') which opened in 2001; it is Church-run, partially state-funded

- A NGO-run women hostel (Tereza Spinelli) that sometimes takes the over-spill from the shelters. There is also one generic homeless shelter in Gozo (Dar Emmaus) that accepts survivors of domestic violence.
- A state-run specialised social work unit (Domestic Violence Unit) dealing specifically with cases of domestic abuse which opened in 1994.
- A state-run programme for perpetrators (Managing Aggressive Behaviour Unit).
- And a 24-hour telephone helpline (Supportline 179) which is free, anonymous and confidential. This service is state-run but operated by volunteers (originally set-up as a VAW helpline, but now more generic).

An 'adequate number' of shelter beds is defined in the European Union Parliament Recommendation (A7-0075/2014) as one specialised shelter place per 10.000 inhabitants and in the Blueprint for the Council of Europe Campaign (2006) as one place in a women's shelter per 7,500 inhabitants. These recommendations entail that on the basis of 420,000 (which is the current population of Malta), between 42 and 56 places in specialised shelters are to be provided. The above mentioned shelters do provide about 48 beds for women and their accompanying children. This means that Malta is just above the given EU threshold but below the Council of Europe's one (Naudi, 2015).

Other services include:

- SOAR (Surviving Abuse with Resilience) - A user-led service which offers support and awareness, research and advocacy and preventive work with and for survivors of domestic violence.
- The IRENE Service which provides support to vulnerable women involved in street prostitution. Dar Hosea is its operational base. (Though the Istanbul Convention does not address prostitution as such, prostitution often takes place in a context of violence as well)<sup>2</sup>.

Naudi (2015) argues that shelters and specialised units need more resources in order to continue providing an adequate service. Moreover, Naudi claims that with increased awareness-raising, more women are coming forward to seek help and support and unless this demand is matched with increased resources, a 'less-good-service' will result (p.3). The NAO (2015) highlights its concern about the limited placements at the shelters and should there be a proper awareness campaign, the present shelters' capacity might not be able to accommodate survivors requiring such services.

CDV (2011, p. 6) shows that 46% (65 women out of 140) sought help through the formal support systems. Through the multiple responses, results show the following:

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2 Both SOAR and IRENE services are run by the NGO, the St. Jeanne Antide Foundation.

- 12% (17) went to hospital or health centre,
- 12% (17) went to Aġenzija Appoġġ,
- 10% (14) sought help from the Social Services,
- 9% (13) took their case to the Civil Courts,
- 8% (11) utilised the Aġenzija Appoġġ Night Service, 24-hr Support Line 179, and
- 6% (8) sought the protection of a Shelter.

The FRA Survey (2014) shows women who experience violence are likely to contact health professionals. In Malta, CDV (2011) shows that 6% (9) of 140 participants who experience physical violence contacted a doctor or health workers. These figures are slightly lower than the one provided by FRA Survey. Bajada (2012) acknowledges that doctors and nurses are front-liners and thus, emphasizes the need for specialised training to increase knowledge and skills in dealing with gender-based violence against women. External barriers in the exosystem can be eliminated by providing specialised training for professionals in line with Article 15 (1) of the Istanbul Convention.

### **2.8.1 BARRIERS PERTAINING TO THE FORMAL SUPPORT SYSTEM**

In 23 Member States, at least half of all respondents have heard of support services for survivors of domestic violence, this constituting the bulk of VAW. Almost all respondents in Sweden (97%), Germany and Malta (96%) claim they know about such services. In contrast, 22% in Romania and 25% in the Czech Republic have heard about these support services (Eurobarometer Report, 2016). This high level of awareness shows an element of strength, however, awareness on its own may not lead to help-seeking unless barriers are addressed. CDV (2011) shows that in 2010 the majority of survivors, 54%, did not seek formal help. The reluctance in seeking professional help seems prevalent. Mangion (2016) identifies other external barriers, namely:

- Insensitive reactions by or encounters with professionals.
- Lack of trust in the social services – particularly issues with agencies’ policies of confidentiality, sensitive data and who has actual access to this information.
- Shelters – lack of privacy for survivors and children (sharing rooms with others).
- Time-limit – the stay at the shelter is limited by time, and that did not make the woman feel safe enough to access the service.
- Lack of privacy at the (service provider’s) reception – other service users can easily identify the service users.
- Lack of resources – large workload of the workers, the lack of training, as well as the need for services to be more accessible (particularly for survivors leaving home to seek shelter).

Services are under-resourced and as a result are unable to meet the existing demands. Indeed, the occasional presence of a ‘waiting list’ at Appoġġ is an issue that was also highlighted by the National Audit Office (NAO, 2015).

## 2.9 PROSECUTION

Article 50 of the Istanbul Convention urges states to implement various measures to make sure that justice is done with the victim and other third parties and that they are safe throughout the investigations and judicial proceedings and thereafter. The Convention, mentions, amongst other measures, immediate response, risk assessment, emergency barring orders, restraining and protection orders and legal aid.

As stated above, CDV (2011, p. 6) found out that overall total of 46% (65 women out of 140) sought help. Through the multiple responses received it resulted that 26% (36) had reported their case to the Police and 16% (22) had sought the advice of a lawyer.

The police force of Malta has two specialised units which are useful for women survivors. The Vice Squad is a specialised investigative branch within the police force whose functions, amongst others, are to investigate, sexual offences, child abuse, trafficking in human beings, elderly abuse and domestic violence. The recently set up Victims Support Unit within the police force supports the victims of crime who are willing to cooperate with the criminal justice system in the investigation and prosecution of the crimes (written personal communication, April 21, 2017).

Legal Aid Malta, set up in 2016, is composed of one lawyer who coordinates the work of several legal aid lawyers and legal procurators. All victims of crimes can request the assistance of the legal aid service, and no assessment criteria are necessary.

Victim Support Malta (NGO), coordinates various services for victims of sexual assault including medical check-up, police intervention, social work service, psychological/counselling service and free legal representation and consultation. This initiative is called Care for Victims of Sexual Assault (CVSA) (formerly known as SART). The Women's Rights Foundation (VO) provides free legal advice and initial legal representation and training to individuals or organisations on issues related to women's rights, including violence against women. The effective assistance of NGOs to survivors through the justice system is in line with article 55(2) of the Istanbul Convention.

### 2.9.1 BARRIERS IN THE JUSTICE SYSTEM

Research refers to the concept of 'secondary victimisation' perpetrated by state-agencies, including the criminal justice system. Secondary victimisation has been defined as the 'negative social or societal reaction in consequence of the primary victimisation and is experienced as a further violation of legitimate rights or entitlements by the victim' (Montada, 1994 as cited in Orth, 2002, p. 314). Survivors can be traumatised through the investigative or judiciary process and through the 'outcome' as the sentence given to the perpetrator may be considered as too lenient or the perpetrator may be acquitted or the whole process dismissed (Orth, 2002). The Istanbul Convention proposed various methods which could neutralise or minimise the trauma which survivors go through in relation to the justice system from reporting, investigation, prosecution and sentencing.

#### a) Reporting and Investigation

The Convention urges law enforcement agencies to act swiftly in order to protect the survivors from further violence through 'the employment of preventive operational measures and the collection of evidence' (Article, 50 (2)). The Explanatory Report (2011) recommends four protecting measures including (1) the right of law enforcement agencies to enter places where the person is at risk, (2) treatment and advice-giving (3) survivors being listened to by specially trained officers and (4) adequate number of female law enforcement officers. Moreover, risk assessment and risk management need

to be carried out in order to stop future reoccurrence of violence in any form. The Explanatory Report emphasises the importance of multi-agency networking to effectively to assess and protect the survivors.

The Convention also refers to the emergency barring order (Art 51) that forces the perpetrator to leave the residence where the survivor lives. Currently, no such provisions exist in the laws of the Malta (though they are currently being discussed). Provisions for restraining and protection orders are provided in the laws of Malta but according to Mangion (2016), they have to be used more frequently.

The abovementioned methods could ease the process of reporting and emergency protection. The survivors' negative view of the criminal justice could be the one of the main reasons behind underreporting and consequently under-prosecution. Moreover, survivors may feel disheartened to engage with the justice system when they are aware of 'the protracted and difficult process ahead of them' (McMillan, 2013, p. 82).

Hester et al. (2007) identify some issues that make proceedings particularly difficult for abuse survivors. Even though emergency barring may take place and give them a 'breathing space', proceeding with the prosecution 'may not always be in the women's and children's best interest' (p.116). For this reason, stakeholders should work collaboratively in order to make the proceedings as smooth as possible and prevent further institutional abuse and secondary victimisation. In a recent qualitative research study in Malta which was conducted by SOAR, survivors reported, for instance, inaccuracies or omitted information in police reports. Poor interviewing skills, facilities and methods were also reported (Compagno, 2016).

## **b) Prosecution**

The Istanbul Convention highlights the point that prosecution should not be totally dependent on the survivor's report, allowing it to continue even if the survivor withdraws her report. Moreover, Article 56 of the Convention gives an extensive list of various protective measures that could minimize the survivor's secondary trauma. These measures include, amongst others, (1) protection from retaliation, intimidation and repeated victimization, (2) being informed of perpetrator's release, (3) being informed of their rights, (4) having their views, needs and concerns heard, (5) providing support, (6) protecting privacy, (7) minimizing contact between survivors and perpetrators, (8) providing interpreters if necessary and (9) enabling victims to testify.

Research indicates the importance of the sensitivity of those in charge of the prosecution process. McMillan (2013) argues that the criminal justice personnel also use myths and stereotypes about women, rape and sexual violence when dealing with situations reported to them. The justice system and its discourse seem to be predominately male and furthermore, female-insensitive. Easteal, Bartels & Bradford (2012) argue that the legal frame of mind highly reflects 'masculine language styles, morals and values' because the legal system has been shaped and run by men (Easteal, 2010, as cited in Easteal et al., 2012. p. 325). 'The 'voice' of the law is male' (Easteal et al., p. 325). The authors further refer to Radcliffe Richards' (1980, p. 291) assessment that 'the use of "man", "he" and the like are not sexually neutral at all, and the common use of these male words does influence people's unconscious attitudes to women'. Mangion (2016) also refers to the lack of sensitivity on the part of police officers, courts and lawyers, whilst Compagno (2016) further adds that 'domestic violence is a complex crime and the court's caseload does not help to delve deeply into the history of the case and the pattern of abuse' (p.51).

Basic facilities at the courts of Malta are also lacking. For instance, the defendants (survivors) and plaintiffs (perpetrators) have to wait together in a relatively small waiting area, '12 x 15 feet'

(Compagno, 2016, p. 48) for long periods of time. 'Such a situation in which victims of domestic abuse have to wait for prolonged periods in the immediate presence of their alleged abusers, may cause unnecessary stress on the former' (NAO, 2015, p. 10).

The lack of training and gender-sensitivity among judges, magistrates, mediators and lawyers lead to institutional abuse or secondary victimisation (Compagno, 2016; Mangion, 2016; Xiberras, 2016. Naudi (2014) highlights the importance of training in tackling and challenging discriminatory traditions, attitudes and gender stereotypes because attitudes of professionals sometimes reflect the attitudes which are internalised by the general population.

## 2.10 MIGRATION AND ASYLUM

Chapter 7 of the Istanbul Convention is dedicated to Migration and Asylum. Undocumented migrant women, and women asylum-seekers are two subcategories of women with particular needs and are at increased risk of experiencing violence. They face difficulties and 'structural barriers' (p.50) in overcoming such violence (Explanatory Report, 2011). Article 59 of the Istanbul Convention is about residence status. Malta placed a reservation on this article, and thus it is not applicable to Malta.

Threat of deportation and loss of residence status are used by perpetrators to prevent survivors from reporting the abuse to the authorities and seeking help. Most members states of the Council of Europe require spouses or partners to remain married or in a relationship for a stipulated period, as in the case of Malta, for five years. Consequently, many victims whose residence status is dependent on that of the perpetrator are forced to endure situations of violence, possibly for years, to safeguard their residence status (Explanatory Report, 2011). This article provides at least four provisions to protect migrants in difficult scenarios.

According to the Eurostat (2016) in 2015, in Malta, there were 2143 non-EU nationals who were issued with the first residence permit for family reasons. Mainly countries of origin include Libya, Serbia, Russia, Philippines, Colombia and other unspecified countries. Eurostat does not specify gender in the provided statistics, but residence permits for family reasons normally include spouses and children who join the sponsor (Eurostat).

Article 60, on which Malta has not placed a reservation, is about gender-based asylum claims. Mateliunaite (2014) argues that generally the gender perspective is not considered at any stage of the asylum process. This tends to result in refugee status and protection, guaranteed by international human rights and refugee law, being denied. According to the Jesuit Refugee Service (n.d.), women asylum seekers have been subjected to rape, sexual assault, trafficking, FGM and domestic violence, either in their country of origin, in transit or in Malta. Moreover, Article 60 (1) of the Istanbul Convention urges member states to ensure that gender-based violence against women be recognised as a form of persecution within the meaning of Article 1, A (2), of the 1951 Convention relating to the Status of Refugees and as a form of serious harm giving rise to complementary/ subsidiary protection.

NCPE (2015) reports that in some EU countries such as Belgium, France, the Netherlands and Sweden, FGM has been considered as grounds for asylum due to the risks involved; moreover, survivors could also encounter continued risk of repeated de-infibulation and re-infibulation following childbirth and also risk having their own daughters subjected to the same procedure. There is a record of one Ethiopian family requesting asylum on FGM grounds in Malta, but this request was not granted (European Institute for Gender Equality, as cited in NCPE, 2015).

## 2.11 INTEGRATED POLICY

The Istanbul Convention (articles 7 – 11) calls for a comprehensive and coordinated policy to prevent and combat violence against women, place the rights of the survivor at the centre of each policy, involve all relevant stakeholders, allocate resources to implement policies, support non-governmental organisations and civil society, designate or establish an official body (or more) to coordinate, implement, monitor and evaluate policies and measures, inter-agency working and collect statistical data and support research.

Barriers could be addressed by the efficient use of limited resources through effective multi-agency working and collaboration. While Naudi (2015) acknowledges that efforts are being made to improve the networking with other agencies such as the police, probation services and the law courts, more work needs to be done in this area. Saliba (2012) identifies various obstacles to effective collaboration including: different definitions and approaches to domestic violence; lack of proper training; lack of proper guidelines and lack of adherence to guidelines, if any; insufficient information sharing; communication breakdown; and lack of trust between professionals.

Activism can take many forms including awareness campaigns or events. Launius and Hassel (2015) also refer to everyday activism including ‘bystander intervention’ and online activism. Bystander intervention could prevent rape and sexual assault by teaching people to intervene when they anticipate violence against women. A case in point, ‘Bystanders – Developing bystander responses to sexual harassment among young people’ is a project which involves researchers from the University of Malta, FRCEUP / UMAR – Portugal, Peace Institute – Slovenia and London Metropolitan University who are working to develop, pilot, implement, and evaluate a school-based programme for bystanders to prevent sexual harassment in high-schools (University of Malta, n.d.).

In order to address the identified barriers be they internalised or external, there must be comprehensive and well-coordinated strategy and targeted programmes. Internalised and external barriers (to the survivor) are very often inter-related and inter-dependent. It is important to inform survivors that there are services as long as these are readily accessible to provide protection and support.

## 2.12 CONCLUSION

Women survivors and professionals face barriers across all systems. Such barriers can be neutralised through an effective strategy that targets Violence against Women across all systems and across the four-P structure as postulated by the Istanbul Convention. Barriers exist, so do resources. Even though resources can be chronically scarce, effective prevention, protection, prosecution and policy implementation can take place through efficient and effective inter-agency collaboration.



# CHAPTER THREE: METHODOLOGY

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## 3.1 INTRODUCTION

This chapter presents the framework for the research design including the purpose of the research, recruitment of participants, instrumentation, data collection strategy and the analytic process. This chapter also presents the ethical considerations as well as the limitations of this study.

## 3.2 RESEARCH PURPOSE

This research attempts to identify and explore in depth the barriers being faced by survivors of gender-based violence against women in Malta when seeking help at the various state and voluntary services as seen from their perspective, as well as those faced by professionals when delivering a service to the survivors as seen from the professionals' perspective.

## 3.3 DESIGN

In order to better understand the complex and sensitive issues under analysis, a qualitative strategy has been adopted. This strategy emphasizes an inductive approach to the research question with an emphasis on the generation of an explanatory framework on how barriers are experienced by both survivors and the professionals who assist them. This strategy examines the way participants interpret their world and thus it is interpretative in nature. The qualitative strategy underscores words rather than numbers, experiences rather than quantification. The choice of the research strategy shows an interpretivist epistemological stance which is interested in understanding the social world as perceived and interpreted by the participants (Bryman, 2008). Indeed, Bryman highlights the notion of 'meaning' by stating '[...] social reality has a meaning for human beings and therefore human action is meaningful – that is, it has a meaning for them and they act on the basis of the meanings they attribute to their acts and to the acts of others.' (p. 16).

This study embraces the ontological position of constructivism which asserts that 'social phenomena and their meanings are continually being accomplished by social actors' (Bryman, 2008, p. 19). This study is interested in understanding the meaningful and unique experiences of barriers as presented by the participants. Informed by the feminist perspective, this study is using qualitative research in order to give space to women's needs and concerns. 'Qualitative research allows women's voices to be heard and goals realized' (Mies, 1983 as cited in Flick, 2014, p. 78).

The Grounded Theory Method (GTM) has also informed this research, particularly its rigorous approach towards coding and analysis. Bryant and Charmaz (2007) explain that this method is designed to 'encourage researchers' persistent interaction with their data, while remaining constantly involved with their emerging analysis' (p.1).

Thus, by embracing an interpretivist and constructivist stance, being informed by feminism and gender studies, ecological perspectives, adopting qualitative strategies and methods including approaches in grounded theory, this research explored the way survivors and professional understand, experience, interpret and articulate the barriers encountered in the help-seeking process.

## 3.4 SAMPLE SIZE, SAMPLING CHARACTERISTICS AND PROCEDURE

The methods used in this research were qualitative interviews and focus groups both with the survivors and professionals. A total of 50 participants took part in the study - 23 survivors and 27 professionals. There were two participants from Gozo. Five of the interviewed survivors were not Maltese (European and non-European). The survivor group consisted of women who have directly experienced gender-based violence and were mainly between the age of 20 and 50, excepting two survivors who were over 70. Fifteen out of 23 survivors were staying at shelters (emergency or second stage) at the time of the interviews or focus groups.

All but one of the professionals were Maltese. This group consisted of persons who have worked with GBV survivors and their years of professional experience varied between one year and over 25 years. Professionals included ten social workers (including practitioners & service coordinators/managers), three psychologists, one psychotherapist, one psychiatrist, three nurses, two community workers, four professionals within the justice system (three legal professionals & one police officer), two residential workers and one teacher. Two of these professionals participated both in the individual interviews and in the focus group because of the idiosyncratic nature of the work they do, the agency/authority they represent and/or the social-cultural context they live in.

An opt-in strategy was adopted for the recruitment of the participants. A recruitment letter was passed on to possible prospective participants through service providers who acted as gatekeepers. About eight professionals were contacted directly by the research team either because they are freelancers or private practitioners or whose role was deemed very important by the research team. The recruitment letter (see appendix A & B) explained the research objectives and the commitment required by the prospective participant in accessible language both in Maltese and English. Survivors who were not accessing any service at the time were invited through social network platforms. The participants were given all the necessary information to make an informed decision about whether or not they wished to participate in the study. Participants who were interested in participating were given the possibility either to contact the research team directly or through the gatekeeper.

## 3.5 INSTRUMENTATION

A semi-structured interview was adopted by using the Single Question aimed at Inducing Narrative – SQUIN (Wengraf, 2001). This method was used in the individual qualitative interviews and focus groups (see appendix D). This type of interview allows the participants to share their experiences and views without constraints; the interview was divided into three sections. The initial single question aimed at inducing a narrative or account about the barriers encountered in their help seeking or help provision experiences. The participants were urged to start wherever they like and to take the time they needed to provide their account. The second subsection of the interview tackled further narrative questions on mentioned topics only, while the final subsection included all further questions relevant to the interests and theories of the researcher.



## 3.6 DATA COLLECTION STRATEGY AND PROCESS

The interviews and the focus group took place between 14<sup>th</sup> June and 27<sup>th</sup> July 2017. There were 16 qualitative interviews (eight with survivors and eight with professionals) and six focus groups (three with survivors and three with professionals). The six focus groups involved 15 survivors and 21 professionals in all. Most of the focus groups lasted between 60 and 90 minutes and the number of participants varied between five and ten. All the qualitative interviews were longer than 25 minutes and less than an hour. All the sessions (interviews and focus groups) were audio-recorded and transcribed to facilitate the analysis. Four of the participants either sent an email or held a telephone conversation with the interviewer out of their own volition to give some further information or clarification to what had been said during the interview/focus group. The data obtained from these additional interventions were also incorporated in the data analysis. During the interview, attention was given to provide comfort and containment for the participants, in order for them to feel safe enough to disclose accounts of their experiences. Therefore, it was imperative that trust was established through the development of a positive rapport with participants from initiation of the process in order to develop a deeper understanding of the barriers faced by women who have experienced gender-based violence against women.

The transcripts, consisting of more than 116,300 words, were subjected to rigorous coding following the Constant Comparative Method which is part of the Grounded Theory Methodology (Flick, 2014). This process entails the constant comparison of phenomena being coded under a certain category so that a theoretical elaboration of that category is allowed to emerge (Bryman, 2008).

The coding process consists of three stages.

- Open coding - This process entails scrutinising transcripts to produce concepts (Strauss, 1987 as cited in Kelle, 2007); these concepts are then grouped into categories (Bryman, 2008; Flick, 2014).
- Axial coding – This is the advanced stage of open coding (Kelle, 2007). This process includes formal coding for identifying and classifying links between substantive categories (Strauss & Corbin, 1998 as cited in Flick, 2014).
- Selective coding – This process continues the axial coding at a higher level of abstraction in order to identify core concepts or categories (Flick, 2014; Holton, 2007). ‘A core category is a central issue around which all other categories are integrated’ (Bryman, 1998, p. 543).

The research team identified nine core categories (discussed in detail in chapter four) reflecting the main barriers survivors and professionals encountered in the helping process.

## 3.7 ETHICAL CONSIDERATIONS

A strict adherence to the principles of research ethics was essential given that participants included vulnerable persons, mainly gender-based violence (against women) survivors. Such principles require that researchers avoid harming the participants who are involved in the research process by taking into consideration their needs and interests (Flick, 2014).

An official and formal ethical clearance was required by the University Research Ethics Committee (UREC), the Foundation for Social Welfare Services (FSWS) and St. Jeanne Antide Foundation (SJAF). Following the acquisition of the necessary permissions to conduct the research from these institutions and organisations and prior to the commencement of the data collection, several entities (gatekeepers-to-be) were contacted to facilitate the recruitment process of the research participants. In order to ensure that the recruitment of participants was conducted in the most ethical manner possible, adhering to the data protection and ethical regulations of the respective agencies and institutions, during these communication exchanges (meetings, emails and telephone conversation), the researchers provided the information about the purpose and methods of the study, the recruitment letter (see Appendix A), the consent form (see Appendix D) and the importance of offering debriefing sessions to the participants immediately after the interviews or focus groups.

The research participants were provided with clear and detailed information about the aims of the study and what their participation would entail. This information was given to them in writing (in Maltese and/or English language), through the recruitment letter (see appendix A & B) which underscored voluntary participation and their right to withdraw from the study at any stage of the process (until one week after the interview or focus group) without any repercussions. Moreover, issues of confidentiality and anonymity were outlined stating that their identity would be protected and any identifiable information would be altered.

Once participants expressed their willingness to participate in the interviews and the focus groups, the issues of voluntary participation and confidentiality were re-discussed before each session using the interview/focus group guide (including a pre/post interview and focus group guide, see Appendix D). In order to ensure an informed consent, the participants were given the opportunity to ask for further clarification before signing the consent form (see Appendix C). Flynn and Goldsmith (2013 ac cited in Flick, 2014) argue that an informed consent is crucial as it implies that the participants are fully aware of the risks and benefits of participating in the research. The participants' wellbeing was safeguarded and they were not subjected to any undue harm, pressure, deception or invasion of privacy. Moreover, the selected instrumentation (SQUIN) allowed a certain level of flexibility and freedom during the interviews and focus groups, and the researchers' intervention was minimal.

## 3.8 CREDIBILITY, RIGOUR AND REFLEXIVITY

The research team has strived to present findings which truly and faithfully represent the social phenomena under analysis as presented by the participants of this study. Credibility is crucial in establishing the trustworthiness of a research project. According to Bryman (2008), credibility of findings includes two processes. Firstly, the research is conducted according to the standards of good practice and secondly, by submitting the findings to the participants for confirmation that the researcher has understood their world correctly. This latter technique is often referred to as 'respondent validation' or 'member validation' (Bryman 2008, p. 377). The research team sent the preliminary findings to the participants (via email) for their validation. The team also offered its disposition to personally explain the preliminary findings to persons who could find the preliminary findings document difficult to read and/or understand.

Standards of good practice were adhered to throughout the research project. Two types of triangulation were used involving multiple sources to enhance the rigour of the research. The first type was data triangulation where more than one method of data collection was used including interviews, focus groups and documentation. The second type was observer triangulation involving more than one observer (researcher) in the focus groups (Denzin, 1988b as cited in Robson & McCartan, 2016). Moreover, the three researchers were directly involved in the coding procedure and they compared and contrasted the outcomes.

Researchers also adopted an 'auditing approach' during the course of the research; meetings were held on a regular basis to review and discuss the problem formulation, selection of research participants, the transcripts, coding, interpretation and the actual write-up (Bryman, 2008, p. 378). Moreover, these meetings also allowed the researchers to question each other's interpretation of data and perspectives on the emerging themes.

Reflexivity is a research practice which acknowledges the researchers' input in 'actively co-constructing the situation which they want to study' (Flick, 2014, p. 542). Clarke and Friese (2007) argue that qualitative research is no longer considered as 'serious scholarship' without the kinds of reflexivities and recognitions of the complexities that have been underscored in the postmodern era (p. 367). The research team was fully aware that it is part and parcel of the knowledge-constructing process. 'The researcher is fully implicated in the construction of knowledge through the stance that he or she assumes' in relation to the observed world (Bryman, 2008, p. 682). The different perspectives, professional background, research knowledge and experience enriched the reflexivity experience throughout the research process,

## **3.9 LIMITATIONS OF THE STUDY**

The participants in this qualitative research do not represent the whole population of GBV survivors and the professionals who work with them. Hence generalizations have to be cautionary. '[...] the findings of qualitative research are to generalize to theory rather than to population' (Bryman, 2008, pp. 391 – 392). Moreover, most participants predominantly spoke about their experience of domestic violence (including rape/sexual abuse) which is one manifestation of GBV; other prevalent manifestations of violence such as FGM, trafficking, stranger rape and harassment did not emerge. Another limitation is the language barrier with some foreign participants who took part in the focus groups; the use of their non-native language (i.e. English) might have hindered their participation. Moreover, the sample of professional participants did not include a medical doctor (general practitioner) because there was no reply from the gatekeepers, this might have affected the outcome of the discussion where health services are concerned. Many issues have emerged and though, at times, issues deserved more in-depth analysis, some were discussed cursorily due to space restriction.

## **3.10 CONCLUSION**

This chapter has presented the methodological process of this research and has laid out the design, methods and instrumentation used in the project. This chapter has also delineated the process of data collection and data analysis using the Constant Comparative Method. Ethical research principles were strictly adhered to throughout the whole research process.

# CHAPTER FOUR: ANALYSIS

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## 4.1 INTRODUCTION

Help-seeking is a dynamic process, influenced by individual, interpersonal, and sociocultural factors (Sabina, Cuevas & Lannen, 2014). Research shows that survivors of GBV against women seek help by using various strategies including seeking informal or formal support. (Macy, Nurius, Kernic, & Holt, 2005; Cattaneo, Stuewig, Goodman, Kaltman, & Dutton, 2007; Liang et al., 2005 as cited in Rizo & Macy, 2011, p. 251). Literature indicates various barriers which tend to hinder or influence help-seeking behaviour (Rizo & Macy, 2011; Overstreet & Quinn, 2013; Briones-Vozmediano, La Parra & Vives-Cases, 2014; Sabina et al., 2014).

This analysis documents the main barriers identified in this research study that make the survivor's help-seeking process and professionals' intervention a challenging one. It identified eight main categories of barriers including: (1) Cultural barriers, (2) Socio-economic barriers (3) Survivor-related barriers, (4) Perpetrator-related barriers, (5) Offspring-related barriers, (6) Informal Networks (Family and Friends) barriers (7) Psychosocial /Health Care / Education provision barriers, and (8) Justice System barriers (including police and courts).

## 4.2 CULTURAL BARRIERS

Feminist analysis of violence against women focuses on the macro-level structure of relationships in a patriarchal (male-dominated) culture (Bograd, 1988 as cited in Jasinski, 2001). Feminist Theory emphasises that the personal is political and women's lives are broadly influenced by the cultural, social and political conditions in which they live (Brown, 1994 & Enns, 2004 as cited in Szymanski, Gupta, Carr & Stewart, 2009). Male-dominated social structures and socialisation processes impart gender-specific roles contributing to violence against women (Pagelow, 1984; Smith, 1990; Yllo, 1984 as cited in Janinski). Across the world, the experience of GBV against women and the reasons for its prevalence and persistence are largely similar, involving a vicious mix of social attitudes and legal frameworks that give women a subordinate role in society and permit impunity (International Commission of Jurists, 2016 hereinafter referred as ICJ, 2016).

The data emerging from the interviews and focus groups clearly indicate that the predominantly patriarchal Maltese society continues to be one of the main barriers to gender equality and female empowerment. Gender inequality still manifests itself in social attitudes, gender roles, and discourse. Societal attitudes and beliefs that women are not only different, but less than men (Interview with Professional<sup>3</sup> 03<sup>4</sup>) and that 'men are in charge' (Professionals' Focus Group<sup>5</sup> 02:127<sup>6</sup>) are clearly found in the data. The perception of a prevalent lack of respect towards women dominated the interviews.

Gender inequality continues to be a significant structural issue in Maltese society. The European Semester: Thematic factsheet – Women in the labour market – 2017 (2017) shows that Malta has the largest gap between male and female overall participation rate which is around 28 percentage points, and even 32.8 percentage points if considering full-time equivalent rates, which is one of the lowest

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3 Hereinafter referred as IP + XX (professional - participant number)

4 The number of the interview or focus group.

5 Hereinafter referred as FCP + XX (professionals' focus group number)

6 The number of the starting line (as in transcripts)

rate in the EU. Despite the progress in some areas, women are still underrepresented in many areas. The Explanatory Report (2011) states that discrimination against women provides a ‘breeding ground for tolerance towards violence against women’ (para 49).

The findings show that restrictive codes of femininity continue to regulate women’s behaviour. ‘The ideal woman is white, heterosexual, cisgendered, a college graduate, native-born, beautiful, nice, cooperative, warm but polite, sexy but faithful, family oriented, and loyal to a high-status man’ (Kenschaft et al. 2016, p. 19). Women who do not abide by this code are less likely to enjoy social approval. Survivors participating in this study strongly experienced shame due to the resounding social and cultural expectation that women should remain with their male-partners at all costs and keep the family together (Survivors’ Focus Group<sup>7</sup> 01; Interview with Survivor<sup>8</sup> 03). Women/mothers believe it is their sacrosanct duty to preserve family unity and maintain the presence of the father within the family unit. This is reminiscent of the findings by Tabone (1987 as cited in Tabone, 1995) where the wife was considered as the ‘bastun’, the staff, of the family whereby the output of the family heavily depended on the wife’s input; a ‘good family was assumed to be the result of a good mother’ (p. 103).

The view that women are a mere extension of the family is also reflected in the laws of Malta. Rape and violent assault are still classified under the ‘Crimes against the Peace and Honour of Families, and against Morals’ instead of ‘Crimes against the Person’. This shows that the laws of Malta<sup>9</sup>, and the institutions that formulate and pass them, and/or have the capacity to change them but do not, reflect the discourse that places women’s validity and worth only within the familial role. Further to the previous conclusion on Malta CEDAW (2004), CEDAW (2010) reiterates that such crimes are ‘against the physical and mental integrity of women and as a form of sex and gender based-discrimination that seriously inhibits women’s ability to enjoy their human rights and fundamental freedoms on a basis of equality with men’ (para 25).

The study shows that survivors who do not follow the good-woman code feel ashamed, embarrassed, deviant and negatively judged as shown in the following excerpt from an interview.

Imbagħad meta tiġi għalfejn inti ma titlaqx... għax jiena nvestejt u għandek ix-shame... ‘hhhh u din ħa titilqu għadha tiżżewġu, għax it-tfal tallum m’għandhomx valuri ta!’ (FCS01:90).

*And then, when you look at why you don’t leave ...because I’ve invested, and there’s shame... ‘hhhh she’s going to leave him, she’s just got married to him, because today’s young people have no values, you know’ (FCS01: 90).*

An emergent theme was that, within the context of Maltese society, the understanding of gender-based violence against women is restrictive and encompasses primarily physical violence. As a result, other types of violence, including economic and psychological violence, which are more insidious forms of control, are not sufficiently acknowledged. Survivors may internalise the degrading names and adjectives such as ‘stupid’ and ‘worthless’ ascribed by perpetrators. This may affect their sense of self-efficacy and self-esteem and consequently, they no longer believe that they can change their situation or leave the abusive relationship. They may feel that their very identity and sense of self is eroded.

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7 Hereinafter referred as FCS + XX (survivors’ focus group number)

8 Hereinafter referred as IS + XX (survivor - participant number)

9 The current Bill on Gender-based Violence and Domestic Violence refers to an amendment to the title VII of the Criminal Code to be renamed as “Of Crimes Affecting the Dignity of Persons”. At the time of writing this report, this Bill is in the second reading stage which the second reading took place on 7<sup>th</sup> November 2017, available on: <https://www.parlament.mt/en/13th-leg/bills/bill-no-014-gender-based-violence-and-domestic-violence-bill/> (last accessed on 29/12/17).

This mocking all the time. In front of the children, [he] used to tell me hmm, 'let me talk to you slowly because you're stupid'. I used to tell him 'u ajma aqtagħha!' ('oh come on, stop it!') imbagħad (then) this constant chipping chipping away speci ta' (sort of) (IS07: 94).

The abovementioned 'constant chipping chipping away' negatively affects the women's identity and sense of self. Psychological violence, as shown above, is often one of the control tactics adopted by the perpetrator (Berry, 2000). Matheson et al. (2015) argue that discussions on IPV is often focused on physical abuse, ignoring psychological and controlling behaviours. According to Pico-Alfonso et al. (2006 as cited in Matheson et al., 2015), 'emotional / psychological IPV should be considered a major type of violence, even when it occurs on its own, because of its unique contribution to the co-development of PTSD and depressive disorders' (p. 566).

It seems that women who experience emotional and psychological violence find it very difficult to acknowledge and deal with it. Data shows that since the emphasis is still on the physical violence, getting help for emotional violence was even more challenging. This is corroborated by Matheson et al.'s (2015) study which highlights the lack of understanding of the emotional damage that is associated with psychological and emotional violence. For this reason, Matheson et al. suggest that services should take a more holistic approach to effectively address 'comorbid needs' (p. 561).

The present research shows that the media could also be disempowering, for instance, when reporting and highlighting the lenient penalties given to perpetrators. If survivors are convinced, through their consumption of the media, that justice is not served, they are less likely to report and seek help through what is perceived as a seemingly futile yet laborious process. Media reporting is a clear window into the underlying discourses surrounding social problems. The media potentially plays a crucial role in empowering survivors in combatting violence. However, as the report 'Encouraging the Participation of the Private Sector and the Media in the Prevention of Violence against Women and Domestic Violence, Article 17 of the Istanbul Convention' (hereinafter, CoE, 2016) points out, 'the presence of sexism and degrading images, and the way the media cover and treat issues of violence against women can also hinder change' (p. 5). CoE (2016) insists that the media is a vital partner in preventing and combating violence against women.

Emergent data from this study shows that social media at times facilitated help-seeking behaviour but many times served as a real barrier to help-seeking. Social media can be disinhibiting particularly if survivors are not listened to and are convinced that services are not helpful.

[...] insemmi social platforms, tara persuna li qed tgħid li għaddejja minn ċertu affarijiet u tara l-kummenti ta' nisa which justify ċertu azzjonijiet tal-perpetrators, li r-replies li jagħtuhom hija li [in-nisa] jippruvaw jaħdmu u jsibu soluzzjoni, biex iżommu l-familja flimkien (FCP01: 313).

*Let's mention the social platforms, you see persons who are going through some difficult times and you see the comments of other women who justify the perpetrators' actions, suggesting that they [the survivors] should work to find a solution to keep the family together (FCP01: 313).*

The above statement by the professional shows the extent of how survivors' help-seeking behaviour is influenced by other social media users, even women who again, tend to enhance dominant discourse and expectations. Findings also show that at times, the social media is unhelpful; though virtually connected, survivors feel isolated and lonely because they do not find help, acknowledgment, understanding, and empathy. 'Nobody listens!' one survivor claimed.



Kif tgħid 'illum illum ma tantx niflaħ u hekk', taqbeż xi kumment li lilek qisek 'għalaq ħalqek'. 'Hi x'tistenna f'dat-temp, anzi hawn min hu agħar minna, don't give up, ilbes, oħroġ 'il barra'...**ISIMUGĦNI! Ħadd ma jrid jisma', ħadd ma jrid jisma'!** (IS05: 101)

*The minute you say 'today today I don't feel well and so on', there's a comment sounding like 'shut up'. 'What do you expect in this weather, actually there are people who are in a worse situation than ours, don't give up, dress up and go out'... LISTEN TO ME! Nobody wants to listen, Nobody wants to listen!* (IS05: 101)

This study shows that social media may also perpetuate myths, passivity, and inertia. CoE (2016) claims that 'sexism, the trivialisation of violence or the hypersexualisation of women' (p. 13), even in social media, can enhance violence against women. Fairbairn et al. (2013, as cited in CoE) argue that social media can easily 'incite, condone or serve as a tool' to promote violence against women (p. 29). The above quote indicates that women have internalised misogyny, the cultural constructs that indicate that they ought to tolerate and accept violence, and in turn these women influence survivors' behaviour. According to Piggot, (2004, as cited in Szymanski et al. 2009), misogyny serves to preserve the power of the dominant male group through the subordination of women. Piggot refers to the three dimensions of misogyny including 'devaluing of women', 'distrust of women', and 'gender bias' in favour of men (as cited in Szymanski p. 103).

Another key player in Malta and Gozo is the Catholic Church. Though the Church has become less influential (Abela, 2013 as cited in Abela et al., 2015), an emergent theme is that the Church's increased openness towards women in difficulties has helped more women to come forward and seek help. This shows that the Church still has a vital role to play in Maltese society. Survivors and professionals acknowledged the Church's vital work in the field of domestic violence. Notwithstanding this, for many years, the Church has over-responsabilised women with the role of family unifier. For instance, Pope Francis in 2014, despite his call for women's more active and central role in the Church, emphasised the role of the women in the family describing it as 'irreplaceable' (as cited in Kenschaft et al., 2016, p. 291). Nevertheless, it seems that the Church has recently promoted a more liberating discourse on women's role particularly in the context of violence as clearly shown in the following excerpt from the pastoral letter which was issued by Bishop Grech (Bishop of Gozo) last November.

B'xorti ħażina, il-kultura tagħna għadha tostor dan l-abbuż. Mhux minnu li meta mara tiddenunzja lil żewġha, hi tkun qed tittradixxi l-imħabba jew tkun qed tikser xi wegħda taż-żwieġ. Lanqas mhuwa korrett min jirraġuna li l-mara għandha tissaporti l-abbuż fid-dar biex ma tkunx kawża ta' tifrik tal-familja. Anzi, il-vjolenza domestika tista' tkun raġuni biex żwieġ ikun iddikjarat null kemm fil-Qrati Ċivili u kemm fit-Tribunali tal-Knisja. Min-naħa l-oħra, tiżbalja wkoll dik il-vittma li taħseb li, jekk tipprova toħroġ minn din il-qagħda, hija tkun qed tonqos spiritwalment, jew agħar minn hekk taħseb li deċiżjoni bħal din iġġorr magħha xi ħtija morali (Grech, 2017).

*Unfortunately, our culture still conceals this abuse. It is not true that when a woman denounces her husband, she is betraying the love or breaching her marriage vows. Nor is s/he correct whoever argues that the woman has to put up with the domestic violence so that she does not break-up the family. On the contrary, domestic violence can be the reason for a marriage to be declared null both in the Civil Court and in the Ecclesiastical Tribunal. On the other hand, the victim is also wrong when she reasons that if she tries to move out of this situation, she is spiritually wrong or worse than that she thinks that such a decision is immoral (Grech, 2017).*

Lack of awareness of gender-based violence against women leads to the normalisation of violence. Participants spoke about the importance of awareness raising activities as they believe that these initiatives are crucial in addressing, challenging and altering social attitudes. Participants recommended three main target-audiences of such awareness campaigns which should emphasise all forms of GBV against women, including emotional abuse:

- Education in schools;
- More awareness to professional; and
- More awareness to general public (including survivors).

The data seems to suggest that misogynistic attitudes continue to pervade Maltese society. These deeply internalised and inculcated constructs tend to embody one of the major forms of barriers that disempower survivors from seeking help.

### 4.3 SOCIO-ECONOMIC BARRIERS

Socio-economic barriers to help-seeking behaviour emerged quite strongly in this research, most notably financial (economic) dependence, employment and housing. James (2016) refers to Gelles (1976) and Bornstein (2006) who both provide evidence linking women's economic dependency on men with interpersonal violence. Survivors with fewer resources are likely to feel entrapped. Indeed, participants in this study presented financial dependence as one of the major hurdles in the help-seeking process; one of the participants described it as a big, enormous barrier (*hija barrier kbira, enormi*) (IP04: 35). The following citations show the sense of powerlessness survivors experienced due to their financial dependence on the perpetrator.

I became totally financially dependent on him. Everything in his name, everything, that was another issue I had (IS06: 106).

[...] jiena fejn ser immur b'zewġt itfal u bla xogħol u bid-dejn? Allura jkollok tibqa' tissaporti (IS07: 67).

[...] *where am I going with two children, unemployed and in debt? So you have to put up with it* (IS07: 67).

Financial dependence, however, emerged as a hurdle irrespective of the socio-economic background of the survivor. Women who are financially stable yet totally dependent on their partner may find their socio-economic status an additional obstacle to overcome. Survivors who are accustomed to leading an economically stable life may find it harder to consider the idea of moving to an emergency shelter and becoming dependent on social assistance. One of the professionals explained it thus, also further stressing that gainful employment is pivotal:

Min ikun iktar sinjur u mdorri jonfoq elf, elfejn, tlett elef ewro fix-xahar fil-ħajja, bir-*relief* ma jgħixx. Jiena naf nisa li anke wara s-swat, baqgħu d-dar għax finanzjarjament dawn ma setgħux jiċċaqalqu, speċjalment dawk li ma jaħdmux. Jien dejjem ngħidilhom 'aħdmu għalikom u għal uliedkom, aħdmu ħalli jekk ikollkom bżonn tagħtu s-sinjor si, anke jekk għandek, kull m'għandek il-paga, għallinqas għandek il-paga, mhux m'għandek xejn' (IP03: 37).

*Who is richer and spends a thousand, two thousand or three thousand a month, that person is not going to manage to live off the social benefits. I know women who even after being beaten up, they remained at home because financially they could not move on, especially*



*those who were unemployed. I always tell them 'work for yourself and for your children, work so that if you need to leave, even if you only have the salary, at least you have the salary, not nothing' (IP03: 37).*

Din kellha eluf kbar imma f'idejha [ma kellha xejn]... imma din spiċċat biex tgħix tmur taħsel għand in-nies, minflok man-nies jaħslu għandha, bħalma kienet imdorrija, villa l-\*\*\*, mhux ċajt! (IP03:104)

*She was rich but in reality [she was penniless]... but she ended up cleaning people's houses; instead of people cleaning her house as she was accustomed to... in a villa l-\*\*\*, no joke! (IP03:104)*

Moreover, educational attainment is crucial because it increases women's employability, allowing them to gain good jobs and leading to greater equality (Vakili Zad, 2013).

### 4.3.1 EMPLOYMENT

Though female labour participation in Malta has increased in the last couple of years, it is still one of the lowest in the European Union (European Semester: Thematic factsheet – Women in the labour market – 2017). Vakili Zad (2013, p. 555) argues that if women feel that employment is 'incompatible with being a 'good mother' and a 'good wife'', they may experience role conflict. Vella (2015) similarly concludes that the guilt feelings experienced by mothers within the local context could be one of the forces which might be keeping them out of the labour market.

If, however, survivors are gainfully employed and thus less financially dependent on their partners, they are more likely to move out of the abusive environment. Low-income or unemployment acts as barriers. While professionals acknowledged that the current labour market is accessible, three issues that have emerged include un-employability due to trauma, perceived limited access to child-care facilities and conflict with employment obligations.

Jekk tkun għadha mhijiex ippreparata li taħdem... some women, it takes them longer qishom biex joħorgu joħorgu mill-victim role u jidhlu fis-survivor role, some women, it takes them longer u jkunu għadhom mhumiex lesti [...] (IP01: 110).

*If she is not yet prepared to work... some women, it takes them longer to switch from the victim role to the survivor role, some women it takes them longer and they are still not ready yet [...](IP01: 110).*

U xi drabi jkollok nisa li ma jkollhomx ma' min iħallu t-tfal biex imorru jfittxu x-xogħol. At least there should be minimum hours, ten hours pereżempju f'xahar qed ngħid li tkun tista' tmur tfittex ix-xogħol. Għax għidli inti jkollok tlitt itfal [...] (FCP03: 645).

*Sometimes you have women who do not have anyone to leave their children with whilst they are seeking employment. At least there should be minimum hours, ten hours monthly, for example, so that she can seek employment. Imagine you have three children [...](FCP03: 645).*

Din ma titlax darba, tnejn, il-qorti imma ġieli jkollha tlitt darbiet f'gimġha, darbtejn f'gimġha. Jiġifieri din tmur fuq l-employer u titolbu jew l-off jew il-leave [...] (FCP03: 59).

*She does not go once, twice to the court but sometimes she gets three sittings in a week, twice weekly. So she goes to the employer and asks him for [time] off or vacation leave [...]* (FCP03: 59).

The short or longer-term un-employability due to trauma seems to be a pertinent issue. Violence has a profound and negative effect on women's ability to 'live happy and productive lives' (Kilpatrick, 2004 as cited in Karakurt 2014). Violence can lead to 'vocational impairment' that hinders women from fully participating in the labour market (Murphy, 1993 as cited in Berry 2000, p.94) and thus survivors would require further support in relation to this aspect to overcome such a hurdle. Survivors who have been unemployed for a long time may need an even longer time to access the labour market, since they may need to adapt and acquire new skills to increase their employability in the labour market.

The provision of free-childcare facilities for parents and guardians who are in employment or pursuing further education has improved access to the labour market (Employment and Training Corporation, n.d.). According to one professional (participant), these facilities, however, are not offered to women who are seeking part-time training for employment or actively seeking employment. This version of fact, however, was not corroborated by an officer from the Ministry for Education and Employment (MEDE). This officer confirmed that 'persons who are receiving short courses provided by Jobsplus etc. can benefit from free childcare as long as they provide a declaration of confirmation from the institution concerned' (written personal communication from MEDE, December 6, 2017). This contradicting version of facts may suggest that information about services are either not adequately disseminated or professionals are misinformed about the services and as a result, may not have a clear idea of what is available.

Further to accessing gainful employment, survivors need to find supportive policies and contexts that enhance employment maintenance. Professionals spoke about the need for support and understanding from their employers, especially if the survivor is regularly required to be absent from work to go to the law courts. It is said that court sittings are often deferred, resulting in considerable loss of hours of work and vacation leave. Employers might consider these interruptions as detrimental to their business and may terminate the employment of the employee-survivor. Participants in this study suggested some awareness campaigns targeting employers so that the latter may become even more understanding and supportive in their approach. In the past, the Commission on Domestic Violence provided awareness training for employers through awareness-raising projects (such as ESF 3.43: Dignity for Domestic Violence Survivors). Vakili Zad (2013) argues that it is crucial to enhance gender awareness in the mind-sets of employers and managers for lasting results in policy implementation.

### 4.3.2 HOUSING

Homelessness is the result, and the ultimate stage of powerlessness experienced by women in Malta and this powerlessness makes them more dependent on their partners and hence more vulnerable (Vakili Zad, 2013). Vakili Zad dubbed it as the 'feminisation of homelessness' which is the outcome of 'the low cultural, social and economic position of women and the high prevalence of domestic violence in Malta' (p. 558). According to Vakili-Zad (2006, 2007, as cited in Vakili Zad, 2013), the available data suggests that the majority of the homeless in Malta are women and children fleeing domestic violence.

When survivors decide to leave the abusive environment (since our current law does not allow for emergency barring orders for the perpetrator), there are three available options in terms of housing: temporary / transitional (such as shelters), social housing and private rented housing. Currently, there are two emergency / first-stage shelters in Malta, and there is no emergency (specialist) shelter in Gozo. It seems that at times these emergency shelters may have no available placement and as a result, may not be able to accommodate new survivors. In such situations, survivors may have to move to less secure facilities. Moreover, social housing is characterised by inaccessibility due to the high demand and resulting long waiting list. Currently, it is reported to exceed 3,200 applicants (Times of Malta, October 2017). Being allocated social accommodation within months seems impossible unless survivors are given priority which according to the presented data, they are not.

One of the major concerns for survivors, especially if they leave their home and have to find alternative accommodation, is the unaffordable rent in the private market. Survivors who stay at the emergency shelters are not likely to find alternative and sustainable housing by the time they terminate their placement at the shelter. Then they might have to move to the second stage shelter. If they do not succeed in accessing alternative accommodation by the end of their stay either in the emergency shelter or in the second stage shelter, they may have to move to a homeless shelter.

Professionals acknowledged the existence of some current social housing schemes, such as the 'Social Loan - Home Acquisition and Contents Plan' which are easing the purchasing of affordable housing for low-income earners who are gainfully employed (*Affordable home loans for low income earners from APS Bank* (April, 2017), though this is not suitable for most of the survivors who may be unemployed. The unavailability of sustainable, affordable housing for survivors, therefore, renders the decision of exiting the abusive environment more difficult, if not impossible. Alternative accommodation is indispensable to start an independent life in view of the fact that, as things stand, the survivor is forced to leave the house, for her own protection while the perpetrator stays on.

Economic independence, problems with employment (especially maintenance) and inaccessible, unaffordable and unsustainable housing options tend to increase the survivor's vulnerability; such unfavourable socio-economic conditions make the survivor's journey towards safety, autonomy and fulfilment even more challenging.

## 4.4 SURVIVOR-RELATED BARRIERS

Survivors appear to respond to violence in ways that reflect their context. 'Help-seeking is best understood within a multi-layered and dynamic context' (Sabina et al., 2014, p. 95). Apart from barriers at the macro level, there seem to be other barriers including intrapersonal and interpersonal barriers. The following section analyses some of the individual (intrapersonal) barriers that tend to hinder survivors from seeking help. Such intrapersonal barriers also need to be considered as part of the socialisation process through which women (and men) are taught specific gender roles (Pagelow, 1984; Smith, 1990 & Yllo, 1984 as cited in Jasinski, 2001). The Maltese patriarchal culture seems to be instrumental in perpetuating the male-dominant discourse whilst women (and men) who are part of this socialisation process tend to internalise this insidious misogyny. Beliefs, mind-set, emotional experiences such as shame and embarrassment, self-blame and dependence are also exacerbated by the patriarchal society. Individual processing of emotional experiences, attributions of blame and help-seeking strategies need to be seen and understood within such context.

### 4.4.1 BELIEFS / MIND-SET

Evidence indicates that survivors' mind-set could also be one of the barriers to seeking help. Some survivors believe that 'perpetrators cannot change', so any attempt to seek help to change the perpetrator whilst remaining in this situation would be futile. This led them to stop short of seeking any professional help particularly if they were not considering the option of leaving their partner. In contrast, other participants did not seek help because they thought that the 'perpetrator *will* change' his behaviour anytime soon. Survivors, at times believed that they themselves can induce the perpetrator to change his behaviour and hence they did not need to seek any professional help. This is clearly linked with the honeymoon phase of the cycle of violence, where the perpetrator is seen as 'coming back' to normal and survivors believe that the violence is just temporary. Berry (2000) states that the survivor may easily have the false hope that this time he meant it and he will really change, until the next phase of tension restarts.

## 4.4.2 EMOTIONAL EXPERIENCES

Shame, embarrassment, shock, fear and confusion seem to exemplify emotional experiences that tend to block survivors in their search for help from informal networks and formal services. Overstreet and Quinn (2013) found that women expressed self-blame, shame, and embarrassment about partner violence. These are manifestations of stigma internalization which often tend to act as barriers to help-seeking. Stigma internalisation is a form of self-stigma through which people, survivors, internalise negative beliefs about intimate partner violence as displayed in their social context. Such beliefs relate to IPV victims as weak and helpless and their experience of IPV as shameful.

In the current research, shame emerged as one of the predominant feelings that is strongly experienced by survivors. Shame is a complex emotion which is negative and marked by socially induced thoughts, emotions, and behaviours. It indicates the sharing of some social norms and aims to safeguard a good self-image and self-esteem of an individual. Shame is felt because the self has a social dimension (Scheff, 2003 as cited by Debono, 2017). It is a relational experience and is normally experienced by someone who feels inadequate in meeting established social expectations. Societal expectations dictate family unity, long-lasting relationships and 'happy families'. Anything that falls below such expectations brings shame and embarrassment on social actors as clearly stated by the following survivors' accounts.

And you don't tell anyone, it's embarrassing in the sense of tghid (*so to say*), jiena (*I*), you know, average intelligence, I hold a good job, I have a good background of education (IS06: 96).

Mistħija, kif trid titkellem? Ma tistax titkellem! (FCS03: 384)

*Shame, how can you talk? You can't speak up!* (FCS03: 384)

Shock is another emerging emotion from the data, particularly following an unexpected traumatic event, even if short and isolated. Emotional shock or acute stress reaction normally follows a traumatic event including a physical or sexual assault such as rape. Horowitz (2003 as cited in Nolen-Hoeksema, Barbara, Loftus & Wagenaar, 2009) describes a series of psychological reactions starting from the survivor feeling stunned and dazed, then passive and unable to take initiatives unless urged by others, then feeling anxious, having difficulty to concentrate and to repeatedly share their experience of the traumatic event.

And what I remember is, what is remember is that the, I remember the feeling of being in absolute and utter shock. I felt frozen literally, like I couldn't react. [...] So she came over and when she came over, I burst out crying. That was of the shock that came out of my system. [...] I think probably, knowing me, had the guy tried again, I think the shock would not have been as strong the second time round and probably I would have tried to stop him or something of the sort. I am quite a fighter myself as a character (IS04: 38).

Another emergent negative emotion was fear. Participants felt terrorised by the aggressive, intimidating and unpredictable behaviour of their partners. Participants shared this experience of fear that was felt when they remained in the abusive relationship.

U ħassejtni li missejt il-qiegħ il-ġimgħa l-oħra. Jiena għedt 'ma jistax ikun' u ħassejtni kważi qrib il-mewt, fhimt? Għedt 'dar-ragel kapaċi joqtolni', għandi żewġt itfal u dan ir-ragel kapaċi joqtolni jekk jiġi f' dagħdigħa tal-biża' u, jiġbidni minn xagħri, jaħraqni bis-sigarett, jaħraqni bil-*lighter* (FCS02: 411).

*And I felt that last week, I hit rock bottom. I said to myself 'this can't be!' and I felt like I was close to death, do you understand? I said 'this man is capable of killing me if he blows his top and pulls me from my hair, burns me with his cigarette, burns me with the lighter* (FCS02: 411).

Survivors also experienced fear when they left the abusive relationship, because they knew that their partner could retaliate as a result. Berry (2000, p. 38) states that ‘the fear is not irrational’ and argues that fear is based on repeated brutal incidents and survivors fear for their lives.

[...] kont nibža’ minnu, anke sakemm telaq, kont nibža’ minnu, fil-fatt kont inqum bil-lejl kif jidħol id-dar [...] (IS07: 182).

*[...] I used to be afraid of him, even until he left, I used to be afraid of him, in fact, I used to wake up during the night the minute he used to return home (IS07: 182).*

[...] tant ikun vjolenti l-bniedem, tant ikun jheddek, tant ..... li meta jispiċċa jiġi lura u jgħidlek ‘jiena hawn irrid noqgħod’, Inti tbaxxi rasek għax tibža’ minnu (IS08: 64).

*[...] the man is so violent, so threatening, so... that when he returns and tells you ‘I want to stay here’, you have to accept it because you are scared of him (IS08: 64).*

Evidence in this study suggests another type of fear experienced by survivors; the fear of losing their partner. Participants often felt that they had heavily invested (emotionally and financially) in that relationship and terminating the relationship could mean a major loss and failure. Some participants also felt that living without that partner was not feasible.

He told me ‘I’m leaving you’. I was horrified because for all this, although it sounds crazy, jiena lil dan ir-raġel kont inħobbu (I used to love this man), I would follow him to the end of the world (IS06: 109).

Berry (2000) refers to Walker’s cycle of violence and argues that the honeymoon period could be the most victimising one because it tends to create the ‘illusion of interdependence’ where the perpetrator needs the survivor for forgiveness and in turn the survivor feels dependent on the “real” man coming back’ (p. 36). At times, some participants also shared their concern about their abusive partners because they saw him as the needy one, the sick one and that it was their duty to take care of him. This also reflects the culturally-driven gender caring role of being responsible for the well-being of the family and everyone in it. Berry confirms that many survivors feel that they are the only source of the perpetrator’s emotional support and ‘they feel responsible for his well-being’ (p. 36).

[...] li fis-sens kont ngħid, at the end of the day, forsi xi darba, dejjem niħhowpja, dejjem niħhowpja li dar-raġel jinbidel, għalxiex? Għax hu għadda ħafna meta kien żgħir u dejjem nithassru u dejjem nithassru u dejjem ngħid ‘le!’ Niprova niġġustifika b’kull mod kont u nogħqod hemmhekk u kollox. (FCS02: 286).

*[...] that in a sense I used to say, at the end of the day, maybe one day, always hoping, always hoping that this man changes, why? Because he had a difficult childhood so I always pity him and always pity him and I always say ‘no!’ I try to justify in every way and I stay there and everything (FCS02: 286).*

Participants also felt confused particularly by the cycle of violence as shown in the following reflections from professionals. The perpetrator would change from being very violent to being very docile, leading the survivors to believe that the violence is just momentary. Mahoney, Williams and West (2001) refer to the cycle of violence developed by Walker in 1979 including tension, violence, making up, honeymoon and tension again. They argue that this is just one possible cycle and it seems survivors may experience different types of cycle such as more frequent occurrences of violence and/or no honeymoon period at all.

Clients get stuck in the cycle of abuse [...] what really makes them stuck in this cycle which makes it very difficult to break out of it. Because you need a lot of energy in order to get the strength and move out of that cycle and move on and go for help (FCP02: 53).

[...] 'le ma nirrapurtahx' għax dan filli hekk' fejn naf qed isawwatha jew jien naf qed ikun psikologikament vjolenti magħha, imbagħad jiġi perjodu li jkun orrajt magħha fhimt allura tgħidlek 'le!' (IP06: 56)

[...] 'no I don't report him!' because at one point, he is like that, you know, beating her up, or you know, being psychologically violent with her, then a period comes when he's all right with her, you know, so she tells you 'no!' (IP06: 56)

Data also refers to the notion of 'helplessness' denoting situations which seem to usurp and exceed the available resources (including intrapersonal) resulting in feeling that nothing can be done to change or move away from violence. Survivors felt that no help could get them away from such a trap and help-seeking seemed like a gamble and a matter of pure luck.

Hemm min għadda minn esperjenza qarsa meta ipprova jeħles lilu nnfis; hemm min sab xortih, qiegħed kuntent. Imma tibda tgħid 'din logħba, ħa nitfa' dada u ma nafx u 'ser jiġini one jew six jew five jew four' (IS05: 66).

*There are some people who have been through a rough patch when they tried to break free; there are some who were lucky and are happy. But you start saying 'this is a game, casting a dice and don't know whether I am going to get a one or six, or five or four' (IS05: 66).*

This feeling of helplessness is characterised by apathy, withdrawal and inaction in responding to events which seem beyond one's control. Nolene-Hoeksema et al. (2009) argue, however, that not all people respond in the same way as people may be 'invigorated by the challenge posed by such events' (p. 512). Though participants in this study spoke about helplessness, they showed resilience and it seems that at some points, they took action to tackle their situation in their own way. According to Berry (2000), the concept of 'learned helplessness' could be misleading because the person does not learn to be helpless but actually learns new coping strategies that give the survivor 'the most predictability within a known situation' in order to avoid the territory of the unknown and unpredictability (p. 38). Janinski (2001) refers to Gondolf (1988) who developed the model of survivorship suggesting that women are active and resilient survivors but are often restricted by limited resources. Data in this study seems to suggest, as implied in the citation above, that the survivor is actively seeking and resiliently employing strategies which are deemed to be reasonably fitting in that particular situation. Moreover, the above citation may be seen to suggest the lack of consistency and reassurance that the existing services (including the social services, the police and the courts) may be transmitting to the survivors. As a result, the survivors may be hesitant in approaching the services for support or protection.

#### 4.4.3 SELF-BLAME

It seems that survivors do not report or seek help if they somehow assume the responsibility for the perpetrator's violence, blame themselves for it and believe that the violence is their fault. Survivors may think that they must serve their partners (men) and if they do not, punishment is somehow acceptable as stated in the following citations.



I never thought it's rape, għax dan they used to tell me that I am disrespecting them, that I am not satisfying their needs ...and no wonder they cheat on me. So I felt it was my duty to sleep with them whenever they want you, unfortunately, it's stuck up here li qed insibha diffiċli biex ma nemminhiex għax jien hekk tgħallimt li I had to satisfy them and that is your duty (IS02: 276).

*I never thought it's rape, because they used to tell me that I am disrespecting them, that I am not satisfying their needs ...and no wonder they cheat on me. So I felt it was my duty to sleep with them whenever they want you, unfortunately, it's stuck up here that I am finding it very difficult not to believe it because that's what I've learnt that I had to satisfy them and that is your duty (IS02: 276).*

[...] 'min jaf kieku nagħmel aħjar, min jaf!?' Qed niftakar eżempju minnhom fejn kien daħal ma sabx il-platt lest u għamel frattarija d-dar (IP08:48).

*[...] 'what if I do better, what if!?' I remember one example when he entered home and didn't find the meal prepared for him and blew his top (IP08:48).*

As the above citation shows, self-blame seems to be associated with the internalization of the dominant discourse which reflects misogyny and that women are there to serve their husbands / partners otherwise punishment might be justified or acceptable. Harsey, Zurbriggen and Freydb (2017) argue that perpetrators often use the DARVO strategy. The latter includes Deny or minimize the abuse, Attack the victim's credibility and Reverse Victim and Offender by assuming the victimized role. The reversal of roles is clearly shown in the following citation:

[...] and you think you are mad... you become the bad one. [...]. What did I do wrong? They never do anything wrong? (FCS01: 204)

Such strategy is employed by perpetrators to confuse and silence their victims. Harsey et al.'s (2017) study suggests an important link between DARVO exposure and the confronters' (survivors) feelings of self-blame. Moreover, they found out that the higher the DARVO, the higher the level of self-blame experienced by the victim. Literature suggests that self-blame in survivors of IPV is linked with more psychological distress (Frazier, 2003; Frazier, Berman, & Steward, 2002 as cited in Harsey et al., 2017), maladaptive coping, and PTSD symptoms (Filipas & Ullman, 2006; Ullman, Filipas, Townsend, & Starzynski, 2007 as cited in Harsey et al., 2017). As this study is suggesting, self-blame has also been found to be associated with delayed help-seeking behaviour such as disclosure or no such behaviour at all.

#### 4.4.4 EMOTIONAL DEPENDENCE

Emotional dependence seems to be a significant stumbling block identified by the interviewed survivors and professionals. One of the survivors clearly explained it and she claimed that due to the perpetrator's control, she was unable to think autonomously:

The narcissist, to keep you under their spell, they need to make you self-doubt so that you see them as the one with your answers, with the power [...] It could be at work, something that happens at work 'but am I okay in feeling like this or thinking like this about it?' The predisposition is for me to self-doubt you know that is what I taught myself growing up kind of thing (IS04: 333).

Findings in this study seem to suggest that perpetrators manipulate survivors and as a result, survivors find it very difficult to maintain their self-efficacy.

[...] hija diffiċli, qisu huma stess jifhmu li mhux huma; hija l-mod ta' kif il-persuna l-oħra, ir-raġel tagħhom, il-partner qisu immanipulahom, immanipulalhom moħħhom, li jgibhom jiddubitaw anke minnhom infushom, they don't believe [in] themselves (IP08: 52).

*[...] it is difficult, it's like they themselves understand this that it is not their real self; it is the way the other person, their husband, the partner has manipulated them, has manipulated their mind, to a that extent that they make them self-doubt, they don't believe [in] themselves (IP08: 52).*

An emergent theme is that survivors 'lose' their identity which is usurped by the perpetrator. The literature on trauma supports the notion of survivor's identity loss or change. Matheson, et al. (2015) found that damage to self-esteem and identity takes longer to heal than physical injuries. They state that the 'journey through and out of IPV is often marked by an initial erosion of sense of self (identity deconstruction) followed by the identity reconstruction through an extended process of change aimed at rebuilding self-esteem, mental wellbeing, self-efficacy, and ultimately self-identity' (p. 561). The following quotations depict the journey of identity reconstruction and the difficulties faced.

The narcissist, to keep you under their spell, they need to make you self-doubt so that you see them as the one with your answers, with the power [...] (IS04: 332).

[...] you're stuck, you know and hmm so, it was an accumulation of these little chippings basically [...](IS06: 109).

Kienet vera diffiċli tifhem hmm, qisu lanqas kellha personalita' tagħha, identita', dik hi l-kelma li qed infittex. Qisu anqas kellha identita' tagħha. Kif sawwarha hu, li kienet diffiċli ħafna tfehemha, minkejja li tifhem qisu kultant xorta terġa' titħawwad, tinfixel u terġa' tmur f'dik is-sitwazzjoni [...] (IP08: 74).

*It was very difficult for her to understand hmm, It looked like she didn't have her own personality, that's the word I am looking for. It looked like she had no identity. The way he moulded her, it was very difficult to make her understand; even when at times she does, she gets confused and goes back to that situation again. (IP08: 74).*

[...] li tant tant l-identita' tagħhom giet diffused hux hekk qisu, qisu m'hemmx identita' letteralment għax ħadielhom kollha l-partner tagħhom. Hi diffiċli hmm timxi 'l quddiem, ħafna diffiċli! Jien anke biex jirrapurtaw qishom jaslu, f'tar-reporting, jaslu f'punt jarawha inutli kważi kważi li jirrapurtawh (IP08: 89).

*[...] her identity gets so diffused, it appears there's no identity literally because it was entirely usurped by their partner. It is difficult to move on, very difficult! Even in the case of reporting, they reach a point that they find it almost useless reporting him (IP08: 89).*

#### 4.4.5 DEFENCE MECHANISMS

Gender-based violence is traumatic, and defence mechanisms are strategies employed by the individual to prevent or reduce anxiety (Nolen-Hoeksema, 2009). Evidence in this study referred to three primary defence mechanisms, namely, denial, minimisation, and rationalisation. Denial is adopted when the pain of accepting reality is too much (Nolen-Hoeksema et al.). Data shows that if the denial process is prolonged, survivors take longer to acknowledge the fact they need help resulting in the situation



becoming more serious and complicated. Denial is also found following the first assault, and especially when it's unexpected; the client asked 'Did I imagine that?' (IS04: 48). Secondly, minimisation (which is another form of denial) is another strategy where survivors try to downplay the gravity of violence itself or its consequence.

Finally, rationalisation is the search for an acceptable explanation (rather than the real reason) as to why violence is taking place, for instance, one survivor claims that the perpetrator is violent not because he wants to but because he is psychologically impaired while also highlighting the perpetrator's role of a father.

Għax il-missier, il-missier, nemmen li mhux għax irid, jien nemmen li psikoloġikament mhux sewwa (IS05: 326).

*Because he's the father, the father, I believe he doesn't want to, I believe he is psychologically unwell (IS05: 326).*

Defence mechanisms are functional and help the survivor to cope with adversity in the short-term; however, if they persist they could result in life-threatening situations with the survivor detaching from reality. These defence mechanisms tend to stop survivors or make them defer help-seeking behaviour. Indeed, defence mechanisms can be 'maladaptive when they become the dominant mode for responding to problems' (Nolen-Hoeksema et al., 2009, p. 469).

While the response to violence is unique to each individual, it is influenced by the context within which they live (macrosystem) and other intersecting issues such as ethnicity, health and age which make women's intrapersonal and interpersonal experience of violence even more complex.

#### 4.4.6 INTERSECTIONALITY

According to Brownridge (2009), intersectionality is about how forms of inequality and oppression intersect. 'Forms of oppression and markers of difference interrelate based on which of these oppressions and markers apply to each individual' (Brownridge, p. 9). According to Yuval-Davis (2006, as cited in Brownridge, 2009), markers include, amongst others, nationality, culture, ability, age and religion. This study has identified four markers of differences, namely, immigration status, age, disability and mental health that may further hinder help-seeking.

##### 4.4.6.1 IMMIGRATION STATUS

Using the ecological model, Brownridge (2009) refers to various macrosystems of immigrant women including their culture of origin where 'patriarchy is thought to be the norm and violence against women may be socially accepted as a way of life' (p. 202).. Moreover, women may pass through some difficult experiences, for instance, being misunderstood and/or rejected by their own relatives, when they are seen to challenge the untouchable, 'cultures' and cultural practices. One Maltese-speaking immigrant said the following:

Hmm aħna għandna fil-kultura tagħna affarijiet ħafna ħżiena, illi meta titlaq, il-mara titlef kollox, trid toqgħod il-mara bis-swat, bl-għajjat, b'kollox trid toqgħod. Jiena b'li għamilt jiena ġejt kontra l-ligi. Jiġifieri anke l-familja damu sena ma jkellmunix, issa reġgħu jkellmuni. 'Għax issa għamilt żball, qbadt u ħriġtlu mid-dar.' Jien m'għamilt żball xejn, mhux ħa noqgħod nissawwat, żgur, imma dik tiġi mill-kultura terġa' illi trid toqgħod b'kollox (FCS03: 106).

*Hmm in our culture, we have so many things that are very wrong, that when a woman leaves, she loses everything, she has to put up with battering, shouting, she has to put up with everything. With what I did, I broke the law. So even my family didn't talk to me for a year, now they have just started talking to me again. 'Because I did wrong in leaving his house.' I did nothing wrong, I am not going to put up with the battering at all, but that is, again, culture, that you have to stay at all costs (FCS03: 106).*

Social exclusion of immigrant-survivors is often manifested through language barriers and social isolation. Research shows that immigrant-survivors have unequal access to the services provided by the host countries. Two reasons identified by Briones-vozmediano, et al. (2014), are the lack of fluency in the language of the host country and limited knowledge of available resources. Immigrants-survivors, particularly non-Maltese and non-English speaking, seem to experience language barriers which make it more difficult to express their experiences and needs. Interpreters' availability is restricted, and thus survivors with linguistic barriers who also reside at one of the shelters and the residential workers may experience such a barrier strongly. The following situation is about a survivor-mother who was staying in one of the shelters and who was trying to register her new-born baby, but it seemed she encountered some technical or bureaucratic problems because of her immigration status and language barriers seem frustrating to say the least.

*Hmm... il-lingwa hija problema kbira, problema kbira [...], so ma konniex nafu lil min ser nikkuntattjaw, lil min se nkellmu, ċertu dettalji, biex inkunu ċerti li dil-mara hija safe hemm barra, hmhm għax din ser tkun fil-komunita' tagħhom. Għax ħa jkun hemm, missier il-baby li kien il-perpetrator so trid ċertu detail. Minħabba l-lingwa, ċertu detail ma tistax tgħaddih għax on a general level, bil-mossi u hekk qisna ninqadew, imma fejn jidhlu d-dettalji, it's very difficult ta! It's very frustrating both for her, għar-resident u anke għalina because we feel helpless... ma nkunux nistgħu inkunu nafu eżattament x'inhu jgħri (IP01: 232).*

*Hmm... the language is a big problem, a big problem [...]. So we didn't know whom to contact and talk to, certain details, in order to be sure, that the woman is safe out there, hmm because she is going to be in their community. Because the baby's father, the perpetrator, is going to be there, so you need certain details. Because of the language, certain details cannot be communicated because on a general level, it is manageable with gestures but as far as certain details are concerned, it's very difficult you know! It's very frustrating both for her, the resident and for us because we feel helpless... we aren't in a position to know what exactly is going on (IP01: 232).*

Data refers to language barriers for the non-Maltese speaking survivors who file police reports. It seems that serious communication difficulties occur between the first responding officer and the survivor when the latter is filing a police report. As a result police reports might include inaccuracies in terms of language used and facts given by the survivor when filing the report.

One more thing that is an issue is this language barrier with the police. We've had some clients who are foreigners, and they go and get a report, and it's done. The English are not the same English that the client uses. So reports aren't taken verbatim. So the client would explain something in a certain way, and maybe the English is not their first language or maybe it is but the police would write down the report inaccurately because they don't have a good level of understanding of English. So we've had the client who was given the report, they come back to read the report together and tell me 'that's not what I said, I never said this'. Or details of the report missing as well (IP02:545).

Moreover, this study shows that social isolation of the immigrant-survivor is an issue particularly if the perpetrator is well-connected within his community. Immigrants tend to have no family support and no or limited access to resources such as social benefits medicine and child care. Immigrants may also lack awareness of the available resources. For instance, one female survivor did not know what an emergency shelter consisted of exactly. They also tend to have limited financial means and often only have access to precarious work – ‘we know they are exploited, unfortunately’ (nafu li sfortunatament jiġu exploited) (FCP01: 171). The following citations show the struggle and barriers experienced by immigrant-survivors.

*Il-problema kbira tal-vittmi li m’humiex Maltin, li m’għandhomx il-familja, ma għandhomx riżorsi Malta, u ma jirkellmox bil-Malti. I am not only talking about the irregular immigrants but I am talking about the Serbian wives, the Filipino wives [...] (IP03: 571).*

*The big problem of the victims that are not Maltese, that they have no family, they have no resources in Malta, and they don’t speak Maltese. I am not only talking about the irregular immigrants but I am talking about the Serbian wives, the Filipino wives [...] (IP03: 571).*

Jiġifieri konna spicċajna, jiġifieri fejn jidhlu nisa li huma barranin, allura forsi hmm il-benefiċċji mhux elegibbli għalihom, forsi kultant hmm isibuha iktar diffiċli biex isibu xogħol minħabba issues ta’ work permit. Hmm qed tkun diffiċli ħafna biex they move on and they are being stuck, hmm, in the shelters for a long period of time hmm li anke qed tagħmilha ħafna diffiċli sometimes they consider going back, qisu aħjar fejn kont, hmm going back to the abuse. Hmm u hawn dawk in-nisa li jkun għadhom m’għamlux dal-pass forsi jafu bl-affarijiet u anke dawk in-nisa jirkellmu bejntiehom hmm qisu jaqtgħu ħafna qalbhom milli jieħdu dal-actual first step (IP07: 137).

*So we ended up, so as far as foreign women are concerned, they perhaps are not eligible for benefits. Perhaps sometimes they find it even more difficult to find work due to work permit issues. Hmm, it’s being very difficult for them to move on and they are being stuck, hmm, that is being very difficult sometimes they consider going back, looking like ‘better where I’ve been’, hmm going back to the abuse. Hmm and there are those women who haven’t still taken this step, perhaps they know about the matters and even those women speak between themselves hmm they give up and don’t make the actual first step (IP07: 137).*

#### 4.4.6.2 AGE

Straka and Montminy (2006, as cited in Lombard and Scott, 2013) argue that there are various complex issues that tend to act as barriers to seeking help in older survivors. These include traditional attitudes toward the family, financial constraints and diminishing social networks. They add that older survivors who have been living with violence for a long time might be more skilled in safeguarding their privacy. Moreover, Fisher and Regan (2006 as cited in Lombard and Scott) argue that older women who experience domestic violence are more likely to show particular health problems more often than younger women or older women who have never been subjected to domestic violence. The main issue that this study has identified about older persons is that of their access to emergency shelters especially if such survivors have some complex medical problems.

Jiġifieri, l-anzjani għandhom ħafna iktar, hmm kif taqbad tgħid, fis-saħħa tagħhom, jista’ jkun hemm ħafn’iktar kumplikazzjonijiet, milli għandha persuna ta’ tletin, erbgħin, ħamsin, fhimt, jiġifieri il-medical conditions hemm qegħdin (IP06: 193).

*So, the elderly have a lot more hmm, how shall I put it, healthwise, there might be more complications when compared to a person who is thirty, forty, fifty, understand, so the medical conditions are there (IP06: 193).*

An elderly woman with some medical needs may require protection from the aggressor, however, an elderly person's home may not be the best option in the short-term as they are not well-equipped to protect the survivor from an openly aggressive perpetrator (who could be a relative or an acquaintance living under the same roof), thus immediate specialised protection may be required to prevent serious harm or death.

*Jigifieri hekk hu f'dal-każijiet jigifieri jekk hija priority, priority hemm. Jigifieri f'emergenza mod hija priority mod, pero' din hija priority, hemm hemm hemm iċ-ċans jew... li tista' tispicċa maqtula dil-mara jew imwegġa' serjament (IP06: 207).*

*So, in these cases, so even if it is a priority, it's a priority, hmm. So in an emergency, it's a priority, but this is a priority, there, there, there is the chance or... that she ends up being killed, this women, or grievously injured (IP06: 207).*

#### 4.4.6.3 DISABILITY

Brownridge (2009) argue that there is an elevated risk of violence against women with disabilities and he suggests that it is 'a social problem that may be growing' (p. 259). Women with disabilities face several additional barriers. The main issue identified in this study is the lack of understanding by professionals about the concept of disability and its implications. One participant could not access the labour market because of her chronic and severe disability and this rendered her financially dependent on social assistance. This participant's disability was not acknowledged and her situation was misunderstood by professionals too as shown in the following citation.

*[...] darba minnhom anke kellimt persuna intiza sewwa fid-drittijiet tan-nisa, l-ewwel haġa li qaltli 'neħhi did-disability pension li għandek u mur aħdem'. Għeditilha 'jiena, illum qed tarani qed nimxi, jumejn oħra naf ngħamillek xahar, xahar u nofs fis-sodda'. Għandi MRI turi x'għandi u x'ma għandix. Tiġi tgħidlek 'imma llum issib xogħol hi, mur u oħroġ aħdem, qum fuq tiegħek!' (IS05: 88)*

*[...] once I even spoke to a person who is well-versed in women's rights, the first thing she told me was 'get rid of that disability pension you've got and find a job'. I told her 'You see me standing on my feet today, within two days, I might end up bedridden for one month, one month and a half. I have an MRI showing what I have and what I don't. She tells you 'but nowadays you find work, go and work, come on!' (IS05: 88)*

#### 4.4.6.4 MENTAL HEALTH PROBLEMS

The results of Beydoun et al.'s (2012 as cited in Matheson, 2015) systematic review associated IPV with mental health problems. Mental health problems as either pre-existing conditions or as a direct result of violence tend to make the process of help seeking even more challenging.

*Jien kelli breakdown mhux ser nistħi ngħidlek, kelli depression, għax il-moħħ ma setax itini biex inlaħħaq ma'...bla flus, bid-dejn, żewġt itfal..., għidli minn fejn ser nibda nħoll il-kobba jiena (IS07: 112).*

*I am not ashamed to tell you that I had a breakdown, I had depression, because my mind could not bear it any longer and could not cope with... without money, in debt, two children..., tell me from where to start to solve this mess myself (IS07: 112).*

[...] jien naf dawn waqgħu fi problema ta' ansjeta', ta' depression (IP06: 30).

[...] I know they suffer from anxiety and depression (IP06: 30).

[...] snin twal jġifieri jissaportu did-domestic violence hmm bażikament waħda ġiet very psychotic (IP06: 69).

[...] long years putting up with domestic violence, hmm basically, one became very psychotic (IP06: 69).

Mental health problems featured quite strongly throughout the interviews and focus groups. It is not the purpose of this study to establish whether mental health problems pre-existed violence or otherwise but the interviewed participants (survivors and professionals) reiterated that the abusive relationship is detrimental to the mental health of the survivor. Participants spoke about depression, trauma, PTSD, stress and stress-related symptoms. Ellsberg and Emmelin (2014) and Matheson et al., (2015) refer to various studies which highlight the mental health consequences of IPV which include the abovementioned disorders along with eating disorders and substance abuse. The following citation refers to various stress-related symptoms experienced by the survivor.

Ħadt anke treatment Boffa, minn kollox għaddej, l-isptarijiet kollha dorthom jien b'ta' Għawdex<sup>10</sup>, Boffa, b'kollox. Hmm kulħadd jagħmilli 'li għandek inti l-inkwiet, mill-inkwiet. Għajnejk, mill-inkwiet, ċesta ġo rasi, mill-inkwiet,' [...], thyroid, kullimkien ċesti, kulħadd jgħidli 'l-inkwiet, l-inkwiet' (IS05: 343).

*I took treatment even at Boffa<sup>11</sup>, I have been through everything, I have been to every hospital, Gozo, Boffa, all of them. Everyone tells me 'your problem is worries, it's due to worries. Your eyes, due to worries, cyst in my head due to worries' [...] thyroid, cysts everywhere, everyone tells me 'worries, worries' (IS05: 343).*

Another emergent theme was about the general health deterioration of the survivors especially their mental health. This professional attributes this deterioration to the violence and the failing or ineffective formal system, hence secondary traumatisation. Hattendorf and Tollerud (1997, as cited in Laing, 2017) define secondary victimisations as 'injustices that occur to victims after a trauma' (p. 1316).

Ikollna diversi każijiet u jkollna persuni li narawhom... jġifieri qisu anke jiddeterjoraw anke qisu s-saħħa mentali tagħhom tiddeterjora minħabba l-abbuż, minħabba s-sistema wkoll (IP07: 482).

*We get various cases and various persons who we observe... it seems they deteriorate, even their mental health deteriorates due to the abuse and due to the system as well (IP07: 482).*

One participant (IS01) also claimed that she had a miscarriage due to stress emanating from the abusive relationship. Machonochie, Doyle, Prior & Simmons (2007) find an increased risk association between stress and first-trimester miscarriage. Moreover, CDV (2011) revealed that out of the 946 ever-pregnant respondents, 135 experienced physical or sexual violence and 3% (25) had experienced violence by their partner while they were pregnant. Moreover, there was a significantly higher

10 Gozo General Hospital.

11 Former Oncology Hospital and currently, it offers various services to patients with dermatological conditions.

percentage of women who have experienced violence (physical or sexual or both) going through miscarriage or having a still birth which stood at 29% (39) of 135 survivor, as opposed to non-survivors at 20% (163) of 805 ever-pregnant respondents<sup>12</sup>.

Mental health difficulties are debilitating and may in themselves hinder or disempower the survivor from reporting or getting the necessary help. Depression is common among domestic violence survivors and common symptoms of depression include low self-esteem and low level of self-efficacy. Consequently, survivors may feel they have no power over their own lives and therefore do not even attempt to leave the abusive relationship (Al-Bayoumi, Borum & Haywood, 1998; Sisley, Jacobs, Poole, Campbell & Esposito, 1999 as cited in Corrigan et al., 2008).

As has been seen, survivors may encounter other barriers due to additional challenges such as their immigration status, disability, age and mental health problems. Though the survivor's related barriers seem to emanate from the individual survivor, it seems the process is highly influenced by the microsystem, the exosystem and the macrosystems as well. Indeed, social exclusion, stigma, and lack of adequate and specialised services can make the survivor's journey even more difficult.

## 4.5 PERPETRATOR-RELATED BARRIERS

The perpetrator himself is considered to be one of the significant barriers in the survivors' journey. Perpetrators do not want to lose their power and control over the survivors, and hence make it very difficult for her to report and actively seek help.

[...] kien ikolli xi appuntament, id-diffikulta' biex naħbi li għandi dak l-appuntament... biex immur u wara, biża' kbira oħra, x'ħin immur lejn id-dar, li forsi niġi skoperta u mistoqsija fejn kont u x'kont qed nagħmel. Jew għax ma rrispondejtx mobile jew inkella fejn kont (IS05: 12).

[...] I used to have an appointment, the difficulty was to cover up that appointment... to go and then, another huge fear, as soon as I return home, that I might be get caught and asked where I'd been and what I'd been doing. Or because I didn't answer the mobile or where I'd been (IS05: 12).

Naħseb li l-ikbar diffikulta', nimmagina, mhux nimmagina, hija l-ikbar diffikulta' ma jħallihomx, ħa jtellifhom, ma jaqbillux hux hekk, ukoll ħa ngħidu hekk, għax jitlef il-kontroll li hemm fuqha. So hi l-ikbar diffikulta' u skont ukoll x'tip ta' perpetrator hu, kemm għandu anke kultant power (IP08: 112).

I think the biggest difficulty, I imagine, not imagine, the biggest difficulty that he does not allow them, he is going to hinder them, it's not to his benefit, so to say, losing his control over her. So that's the biggest problem and it depends on what kind of perpetrator he is, the extent of the power he's got (IP08: 112).

Some perpetrators refuse to accept the fact that the survivor is reporting them, seeking help or even leaving them. Data from this study seems to indicate five themes relating to the perpetrator which make the survivors' exiting process even more problematic. These themes include personality characteristics, control and manipulation, substance abuse of the perpetrators, stereotypes about perpetrators and physical proximity.

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12 Discrepancy of 6 is due to respondents not answering the question.



## 4.5.1 PERSONALITY CHARACTERISTICS

'Narcissism' was one of the main labels used (and perhaps overused) by the interviewed survivors themselves. Whether survivors were correct in their diagnosis or otherwise is beyond the scope of this study. Survivors might have used the term 'narcissism' as a generic label with a pejorative connotation underscoring certain challenging personality traits. Mangion (2016) encountered the same 'phenomenon' (i.e. survivors who call their perpetrators 'narcissistic or sociopaths', p. 120). Participants in this study referred to narcissism while describing, for instance, unpredictable shifts from close bonding to cruelty, always his way, moody, morbid and jealous and controlling.

While 'labelling' could help the survivor articulate certain difficult and unpredictable behavioural patterns, 'pathologising' and attributing sick roles to the perpetrators might hinder survivors from taking the right steps to seek help especially when survivors assume a carer's role towards the perpetrator. For instance, one survivor talked about the need to stay with the survivor because she thought he needed her support due to his mental health problem.

He is a narcissist, 100%, biss apparti li narcissist, jien ngħid li għandu mental problem u għalhekk dejjem ridt nibqa' miegħu għax nibda ngħid 'miskin' imma ma flaħtx iktar (IS05: 338).

*He is a narcissist, 100%, but besides being a narcissist, I think he's got a mental health problem and thus I always wanted to stay with him because I say 'poor man' but I couldn't put up with it any longer (IS05: 338).*

Another stumbling block emanating from the perpetrator is his 'charming' side. The manipulative use of this appealing quality is strongly supported by the literature. Domestic abuse perpetrators may present as "charming, charismatic, likeable, reasonable, generous, and even flexible" (Dalton, Carbon & Olesen, 2003, as cited in Campbell, 2017, p. 43). They can be 'highly manipulative and carefully craft their image' (Meier, 2003 as cited in Campbell, 2017, p. 43). They can be abusive at home, but present themselves completely differently to the outside world as 'caring and devoted family men' (Dalton, Carbon & Olesen, 2003 as cited in Campbell, 2017, p 43).

Survivors spoke about their experiences when the perpetrators were charming towards the professionals (including a mediator, a psychologist, a psychiatrist and SAV supervisors). Survivors felt that the professionals were being manipulated and as a result even took sides with the perpetrator. Survivors shared their reflections and experiences:

'These people are really charming!' (FCS01:70).

'[...] they are charming, and they know how to turn people around' (FCS01: 420).

[a session with the mediator] And halfway through the session, he told her, 'I know you somewhere', before I know it, they had a full blown conversation of when they used to go to Gozo, they were old friends and I am looking at them, and I was thinking 'intom bis-serjeta'? (*Are you serious?*). You know I was horrified, to be honest, jigifieri (*so to speak*) (IS06: 132).

[...] generally, perpetrators of domestic violence tend to be very charming when they are not abusive. They are charming with the supervisors of the Access Visits, who are generally, not highly trained, you know. Hmm and they tend to sweet talk them, and they tend to get them on their side, and they don't remain impartial in reality (IP02: 237).

When the perpetrator is charming, the survivor's claims may be met with incredulity which makes it even harder for them to pursue and convince others of their reality. One participant spoke about her experience when she and her partner (the perpetrator) attended a session with a psychologist.

[...] we had a session, me and him, and since he was very charming, he managed to charm her. He charmed the psychologist.... I could not believe it. It was total loss for me, I lost it completely [...] (FCS01: 245).

Tyagi (1997, as cited in Tyagi 2006) says: 'Some perpetrators intentionally provoke counselor empathy by minimizing their own violence and externalizing their responsibility in the most charming, reasonable and persuasive manner' (p. 10). Moreover, it seems that charm tends to alienate not only professionals but also mutual friends who do not believe that such a charming man could be violent with his partner - 'Who that chap? That one?' (Min dak? 'Dak?) (FCS01:71). As a result, the perpetrator ends up ostracising the survivor from her old friends which seems to be another way of control. Berry (2000) confirms that couple's friends may never see the man's dark side and may not believe her when violence is disclosed.

Jiena kelli klienta, she lost all her friends, għax hu kellu faċċata stupenda (IP03: 95).

*I had a client who lost all her friends because he had a stupendous façade (IP03: 95).*

'Għaliex telqet, qatt m'għamiltiha xejn, għandha xi wieħed', is-soltu storja [...] (IP03: 115).

*'Why did she leave, I've never wronged her, she must have another guy', the same old story [...]* (IP03: 115).

## 4.5.2 CONTROL AND MANIPULATION

Another major hurdle in the help-seeking process is 'control'. Berry (2000) argues that the perpetrator becomes dependent on the woman of his life and that by controlling and training his woman to do what he wants, she will eventually meet all his needs. Berry argues that it is impossible to satisfy such impossible demands. Participants in this study shared their experiences of being under the total control of the perpetrator. They could hardly make a move without his consent or knowledge as demonstrated by the following quote.

Jekk qed niċċekkja l-mobile, ħadd mhu ħa jsaqsini 'x'inti tiċċekkja?' fhimt? Ħadd ma jaqbad u jeħodli l-mobile biex jiċċekkjahuli (FCS02: 377).

*If I am checking the mobile, nobody is going to ask me 'what are you checking?', understand? Nobody snatches my mobile to check it (FCS02: 377).*

Such situations where the perpetrator is calculating the survivor's every move could prove to be highly challenging for her to seek help safely.

The perpetrator may utilise the institutional order to further his control of the survivor. Bowles et al., (2008, as cited in Campbell, 2017, p. 53) refers to 'litigation abuse' which takes place when the perpetrator uses the court system to exert control over the victim. According to Bancroft, Silverman and Ritchie (2012 as cited in Campbell, 2017), such litigation procedures may also be used by the perpetrator to drain the survivor financially knowing that such procedures are costly. These litigations normally revolve around issues of maintenance payment or non-payment and care and custody issues. The following citations show typical perpetrator stances concerning maintenance.



Qalli 'jekk titlaqni', qalli, 'nieqaf mix-xogħol' (IS03: 240).

*He told me 'if you leave me', he told me, 'I will stop my employment' (IS03: 240).*

Ehe problemi dawn, u domt naħdem għall-manteniment u kif tahuli tani ta' b'lura, tani 800 u fuhom imbagħad qata' li jtini 300 mhux 450 qalli 'għax jiena bil-penzjoni ma nistax intik 450', niżilli 300, u s'issa għadu jtihomli avolja fetaħli kawża. Le, qalli l-kbir qallu 'Jekk ma ninżillhiex 150' qallu 'jkollok taħdem u ttihomli int' [father addressing his son] (FCS02: 182).

*Yeah these are problems, and I struggled for maintenance for a long time and when he gave it to me; he gave me 800 in arrears and then he decided to give me 300 instead of 450. He told me 'because I am on pension and I cannot give you 450', and he went down to 300, and he is still giving them to me, even though he filed a lawsuit against me. No, the eldest son told me he'd told him, 'if I don't go down to 150' he'd told him 'you have to go to work and you give them to me'. [father addressing son] (FCS02: 182).*

Perpetrators use children as ammunition against the survivor, particularly when there is joint care and custody. These situations include when the child needs to:

- a. change school;
- b. be seen by a helping professional;
- c. be recognised at birth by the perpetrator (who is the natural father); and
- d. be recognised at birth and who has been born out of wedlock, the husband (the perpetrator) has to officially disown the child so that the new survivor's partner can register the child on his own name.

In scenario C, the mother (the survivor) and the father (the perpetrator) need to be present together to register the child. Scenario D requires the simultaneous presence of the mother (the survivor), the husband (the perpetrator) and the new partner (the natural father) to undergo this bureaucratic procedure of registering a child born out of wedlock. Evidence seems to suggest that perpetrators wittingly use these situations to manipulate and blackmail survivors. While care and custody litigation could be a form of control 'using' children; parental alienation seems to be another manifestation of control 'through' the children. In parental alienation, a parent "creates misrepresentations of the other parent in the child's head in the hopes that the child will alienate that other parent" (Przekop, 2011 as cited in Campbell 2017, p. 47). Parental alienation is a concept that was reiterated by the survivors and professionals during the focus groups. Survivors recounted their nightmare in having their own children who seem unwilling to contact the mother-survivor because they are somehow manipulated by the father-perpetrator.

It was not about my parenting, it was about my child and 'parental alienation', [...] It was only when I came to SOAR that I realized that I am not mad, I am not evil, I am not bad (FCS01: 180).

[...] irridu naraw what it means, speċjalment għall-omm, meta t-tfal jaslu f'punt [li] ma jkunux iridu jafu bik. Kif hmm....the gender expectations li l-omm għandha... kemm hi kbira s-shame u kif titfarrak l-identita' tagħha [...] (FCP01: 449).

*[...] we have to see what it means, especially for the mother, when children reach a point where they are no longer interested in you. How hmm... the gender expectations that the mother has... how big the shame is, and how her identity gets shattered [...] (FCP01: 449).*

[...] u anke l-alienation ... narawha li tibda mhux at the separation imma years and years before. (even from birth) (FCP01: 449).

*[...] and even the alienation... we observe it starts not at the separation but years and years before (even from birth) (FCP01: 449).*

### 4.5.3 SUBSTANCE ABUSE OF THE PERPETRATOR

Substance (drug & alcohol) abuse or dependence of the perpetrator seems to be another obstacle. This can enhance the survivors' view of the perpetrators' dependence on them. Consequently, survivors feel responsible for the well-being of the perpetrators.

Hmm kellu u għad għandu problema tad-droga, hmm waqt li kont miegħu, jien għent u ħafna, kemm stajt... tajtu qalbi (FCS02: 268).

*He had and still has drug abuse problems, hmm when I was with him, I helped him a lot... I gave him my heart (FCS02: 268).*

He was drunk, għax jiena, dan jiġifieri he used to take drugs, he was an alcoholic as well. U he wanted me to buy him drugs u jiena I am totally against drugs u għedtlu there is no chance (IS02: 28).

*He was drunk, because I, him you know, he used to take drugs, he was an alcoholic as well. And he wanted me to buy him drugs and I am totally against drugs and I told him, 'there is no chance' (IS02: 28).*

Furthermore, perpetrators' substance abuse may also complicate matters for survivors either because survivors become criminally involved such as by buying them drugs or because survivors have to lie in order to 'protect' them from the authorities. Existing research about these issues seems to be quite scarce.

### 4.5.4 STEREOTYPES OF PERPETRATORS

Perpetrators come from different social strata. Berry (2000) succinctly says that perpetrators can be 'successful, handsome, gifted men – even our heroes' (p. 14). Nevertheless, there tends to be a stereotype of the perpetrator as coming from the lower socio-economic, lesser educated classes. As a result, if the perpetrator does not fit this stereotype and is a professional, the survivor may experience more challenges in order to be believed in court, and her story becomes less credible. One survivor recounted her experience of being physically abused by a professional and he was 'revered' in court and treated as a professional rather than the accused.

So there's that as well. Even in court, he is not your typical, how can he possibly be? He is successful; he is this and that. And that's frustrating. That kills me [...] (IS06: 347).

[...] someone of that social, professional standing, is automatically so revered, speċi ta għax mhux wieħed minn xi raħal (*he isn't a peasant so to speak*) [...] (IS06: 62).

There is a social stigma, they expect abusers to be of a certain class, you know and even in court, I heard the word again 'għax [il-professjonist]' (*because the professional*), I wanted to vomit you know. Għax il-[professjonist] (*because the professional*),. Għax il-[professjonist] (*because the professional*) (IS06: 344).

The effect of such situations, where the perpetrator is ‘so revered’ or seen to be revered in court underscores the intensity of secondary victimisation.

#### 4.5.5 PROXIMITY

The notion of proximity as a barrier transpired in two ways, proximity in terms of relationships (relatives or acquaintances) and physical proximity. Evidence shows that survivors find it very difficult to report sexual violence if they personally know the perpetrator. The literature shows that survivors who were raped by an acquaintance or a family member are less willing to involve the police (McGregor et al. 2000; Sudderth, 1998 as cited in Heath et al., 2011). Moreover, survivors encounter a lot of difficulties if they intend to report the perpetrator and remain with him under the same roof.

[...] in the meantime, they are most likely still living with the perpetrator, and the perpetrator has either been harassing them or sweet-talking them not to report or to not continue with the with the case (IP02: 33).

The situation becomes even more challenging in a system, which as things stand, in reality (though not in principle), leaves the pursuit of prosecution in the survivors’ hands. Once in court, survivors can ask the presiding magistrate to stay the proceedings against the perpetrator, and although it is at the Magistrate’s discretion, the criminal charges are usually dropped (as the survivor is the main witness).

The perpetrators’ related barriers include characteristics, control and manipulation, substance abuse, stereotypes and proximity. The perpetrator is said to be one of the major barriers, moreover, the male-perpetrator stands to gain from the patriarchal macrosystem as societal values and discourse are likely to work in his favour.

## 4.6 OFFSPRING-RELATED BARRIERS

Survivors are not only concerned and worried about their own safety but particularly about their children’s safety and wellbeing. The fact that children are exposed to violence was the most painful part of their experience (Kyriakakis, Dawson, & Edmond, 2012 as cited in Sabina et al., 2014.). A consideration of the children’s welfare is likely to lead the survivor to seek help (Sabina et al., 2014). Thus, the presence of children in a violent context is likely to be a ‘push factor’ to leave that abusive environment and seek a safer haven. However, this research also shows that for some survivors, children could be a ‘pull factor’ that keeps the survivor stuck in the abusive relationship.

### 4.6.1 PUSH FACTORS

An emergent theme was that survivors were concerned that such experiences could have long-term negative effects on the well-being of their children. One survivor reasoned that her children deserved a better and safer home, acting as leverage for her to leave.

U l-affarijiet li kien qed jagħmel quddiem it-tfal... it-tfal kienu jkunu mwerwrin... ma stajt nibqa’ (IS03: 108).

*And the things he used to do in front of children... the children used to be terrified... I couldn’t stay (IS03: 108).*

It-tifel qed ngħidlek għadda minn martirju! (IS05: 273)

*My son has been through a lot [literally martyrdom]! (IS05: 273)*

Domestic violence is one of the childhood adversities which are strongly associated with Psychosomatic and Emotional Symptoms (PES) including emotional problems, frequent headaches, stomach-aches or sickness and sleeping difficulties (Vanaelst, 2012).

## 4.6.2 PULL FACTORS

Another main reason why survivors find it difficult to leave is that they feel that children need their father and this issue, amongst others, can offset the concerns about their personal safety and wellbeing (Griffings et al., 2002 & Prochaska, 2002, as cited in Karakurt, 2014). James (2016) observes that survivors feel guilty for separating the children from their own fathers.

This study shows that children can act as pull factors, and therefore mother-survivors stay in the abusive environment mainly for three main reasons:

- a. So that children continue enjoying their current quality of life regarding socio-economic status;
- b. To be close to their father and to keep the family united;
- c. If children are old enough to resist the idea of accompanying the mother to an alternative 'inferior' accommodation or an emergency shelter.

It seems that children can serve as a pull factor not only for not leaving the abusive environment but also from not taking further action. This particular survivor felt that acquaintances were using the children to convince her to drop her case against her husband, but she resisted that idea.

It was a general comment. The people, sorry not in court, no, sort of hmm, you're made to feel like 'ghax dan (*because*) you can't let your children to see you are to send their father to prison.' You know what? He does something bloody wrong.... actions have consequences (IS06: 237).

Hence, the presence of children in a violence scenario can act as a barrier or facilitator to the mother-survivor's help-seeking behaviour (including legal remedies) and to move away from violent relationships.

## 4.7 INFORMAL SUPPORT

The wider informal network can also serve as a facilitator or as a barrier within the interpersonal experience of the survivor. In relation to disclosure of abuse, according to CDV (2011), in Malta out of 140 survivors who participated in this study, 37.9% (53) spoke to family members, 33.6% (47) spoke to friends and neighbours and 35% (49) services and authorities<sup>13</sup>. The fact that 71.5% preferred to speak to someone within their informal network confirms the informal network's crucial role in promoting help-seeking behaviour. Another emerging theme in this study is that the informal support network is likely to facilitate the survivor's process to access services and receive the necessary support. Relatives, friends, neighbours, employees provide shelter in case of emergency, contact the police

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13 Respondents were asked to indicate the person they spoke to about their experienced violence by multiple responses. This means that respondents might have spoken to more than one person / agencies/authorities.

and recommend formal services. Moreover, priests were considered to form part of the part of the survivors' strong supportive network, assisting in financial terms and liaising with other professionals.

However, data presents scenarios where the informal systems acted as direct barriers including the following instances:

- Family members and relatives of perpetrators blaming the victim;
- Survivor's family supporting the perpetrator;
- Direct violence from relatives; and
- Disclosure to family members which could lead to reprisal towards perpetrator thus complicating the matters.

There were instances where informal support network non-involvement was seen as a better option, for instance, survivors did not want to 'unnecessarily' worry old parents. Moreover, data shows instances where bystanders (friends, neighbours) were fully aware of the violence but would not report it to the police. The Eurobarometer Report (2016) showed that one quarter of the respondents in Malta agreed that domestic violence was a private matter.

The preceding sections have analysed the barriers relating to the survivor (such as emotional dependence and mental health) and the barriers relating to the microsystem (the immediate environment where violence is occurring - perpetrators, children), the exosystems including informal networks such as family and friends. The following sections will analyse the institutional (formal) barriers which are encountered by the survivors and professionals.

## 4.8 INSTITUTIONAL (FORMAL) BARRIERS

The International Commission of Jurists (ICJ) (2016) states that the empowerment of survivors can be achieved 'through a multi-disciplinary and coordinated "joined up approach"' (p. 148). Furthermore, ICJ affirms that States are responsible for ensuring a comprehensive and sustained response to gender-based violence against women in order to "increase the likelihood of successful apprehension, prosecution and conviction of the offender, contribute to the safety and well-being of the victim and prevent secondary victimization" (UN General Assembly, 2010 as cited in ICJ 2016, p. 148). This research confirms that secondary-victimisation and inter-agency collaboration, along with others, are two important themes where formal services are concerned. Services can be empowering for survivors to seek help but at the same time due to many reasons explored in this section, aspects of the services can become disempowering, acting as barriers for the survivors' help-seeking process. Emerging themes were separated for analytic purposes, but most of them are interrelated and interdependent. The following section will analyse the services in health, social care and education provision followed by the analysis of the justice system including the enforcement (police) and the judicial process (court).

## 4.9 HEALTH, SOCIAL CARE AND EDUCATIONAL PROVISION

There exists a wide array of services for survivors in Malta. These services include psychosocial services (mainly shelters, social work and psychological interventions), health services (family doctors, health clinics, and hospitals) and educational services (schools and other support services within the education system).

The data indicates that survivors' satisfaction with services was related with two aspects: process and / or outcome. The latter refers to when survivors think that the services have satisfactorily met their needs whilst the former refers to the 'how' their needs were addressed. For instance, some survivors claimed that therapy (from a psychologist, psychotherapist or counsellor) made a difference in their life and that it has addressed their needs, as shown in the following citations.

'Wow, therapy really works' (IS06: 323).

Għamilt żmien bil-counselling u vera għeni [...] (FCS01: 128).

*I spent some time going for counselling and it really helped me [...]* (FCS01: 128).

Though these statements are unspecific, survivors clearly show that the service has met their expectation. The following citation, whilst highlighting the outcome, also refers to the process of allocating a counsellor, demonstrating efficiency and accessibility.

And within a week they paired me up with a counsellor who was probably the best thing that ever happened to me in my life (IS01: 171).

Notwithstanding the many positive elements in the formal supportive system, the study also identified some barriers encountered by survivors as well as by professionals who assist survivors throughout their journey of empowerment. The model of Tanahashi (1978) was used to analyse the barriers in the support services. Briones-Vozmediano et al. (2014) also used this model to explore the barriers to effective coverage of IPV services, arguing that it continues to be relevant. Tanahashi (1978) identified five important stages of service coverage including availability, accessibility, acceptability, contact and effectiveness. Tanahashi argues that service coverage is the 'extent of interaction' between the service and its user and includes an entire process starting from 'resource allocation to achievement of the desired objective' (p. 295). The interviewed survivors shared their painful experiences of secondary traumatisation. One professional succinctly put it: '*the system seems to re-victimise the survivor a lot*' (FCP03: 461). The state and other stakeholders 'must ensure that victims are safe from intimidation, retaliation and repeat victimization (Explanatory Report, 2011, para 284).

### 4.9.1 AVAILABILITY

Article 22(1) of the Istanbul Convention states:

Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention.

As detailed above, there is a wide variety of services in Malta offered by state-run agencies and NGOs. There are core services which specialise in violence against women such as Domestic Violence Services and shelters; other services are seen as ancillary, yet crucial, to the core specialist services. For instance, schools are likely to be seen as social brokers, entities which might refer to specialist services. Health services in Malta are widely available, however, little data has emerged about specialist health services for survivors. This could suggest either that such services are unavailable or that if they are, participants in this study, including professionals, were not aware of them or how they function or they were not considered worthy of mention.

The issue of there being no specialised services available in Gozo emerged quite strongly in this study. It seems that in Gozo, there are neither specialised emergency shelters nor other specialised services for survivors or perpetrators. This implies that survivors and perpetrators either have to come to Malta for specialised services or receive no specialised service at all. The following citation highlights the need for adequate and effective services addressing the needs of survivors and perpetrators in Gozo. Being a very small island with no effective emergency shelters, the perpetrator is more likely to remain proximate to the survivor.

[...] li s-servizzi li hemm Malta ta' l-inqas ikunu Għawdex... bħal xelters sura ta' nies, bħal terapija sura ta' nies, terapija anke għall-perpetrators (IP04: 391).

*[...] that the services that are available in Malta at least, they should be in Gozo... such as adequate shelters, effective therapy, therapy for the perpetrators as well (IP04: 391).*

The second issue is the restricted availability of interpreters which makes it quite difficult for immigrant-survivors to communicate complex and intricate matters such as personal safety; it is also difficult for professionals to understand the survivors' complex needs through basic gestures. It seems this barrier is experienced more intensely by the residents at the shelters and the residential workers. In residential services, immigrant survivors are 'locked' in a world alien to them. The lack of continuous effective communication, which is a huge barrier, seems to hinder the immigrant-survivors' journey towards a safe and fulfilling life.

Xi kultant l-interpreter li qegħdin ninqadew biha bħalissa tipprova tagħmel ħilitha kollha ta imma she is not always available. Li kellna qabel m'għadhiex, rari tkun available, so ser jipprovudlna interpreter li għandna bżonnu ħafna [...]. Ehe limited because kulħadd għandu ħafna [workload], kulħadd għandu limited resources u d-domanda hija kbira (IP01: 181).

*At times, the interpreter whose service we use is not always available despite doing her best. The one we used to have before is rarely available, so they are going to provide us with an interpreter which we need a lot [...]. Yeah it's very limited because everyone has got a lot [workload]; everyone has got limited resources and high demand (IP01: 181).*

## 4.9.2 ACCESSIBILITY

Even if the service is available, it 'must be located within reasonable reach of the people who should benefit from it' (Tanahashi, 1978, pp. 296 – 297). Despite the availability of various services, this study found that, due to various reasons, some services are perceived as inaccessible by the service users.

[...] għajjnuna, għajjnuna, sfortunatament, le, ma ssibx (IS05: 88).

*[...] help, help, I didn't find unfortunately (IS05: 88).*

[...] għajjnuna ma sibx XEJN [emphasised], xejn xejn xejn, support ta' ħadd! (IS07: 24).

*[...] I found NO help [emphasized], nothing nothing nothing, support from no one! (IS07: 24).*

Services could be inaccessible due to lack of information about them or due to systems barriers (such as waiting lists) which render such services unavailable. At times, these two are interlinked as survivors might not be able to overcome systems barriers due to the lack of information they possess.



#### 4.9.2.1 INACCESSIBILITY DUE TO LACK OF INFORMATION

Information is power and participants, especially professionals, spoke about the disempowerment of survivors due to the lack of information on two salient aspects, namely, the available services and survivors' rights. Firstly, survivors seem to lack information about the available services. Fear of the unknown is associated with this lack of information which limits help-seeking behaviour.

The Eurobarometer (2016) showed that 96% of the respondents in Malta (which is the second highest in EU) were aware of (and heard about) the local support services for domestic violence survivors. This survey also shows that the more often a respondent uses the internet, the more likely s/he is to be aware of available support services. Though encouraging, this survey does not explore the extent of such knowledge / awareness. Survivors who are considering using the services, may require more concrete information than just basic knowledge or a vague idea that such services exist. The Explanatory Report (2011) highlights the importance of wide dissemination (hard-copies and online) of 'concrete information' about public and private services, particularly 'preventive measures', including among other things, police, local community, helplines and shelters (p. 18). The following quotes also highlight the importance of awareness and information.

[...] one naħseb tibda billi ġejja minn ċertu biża' u forsi min-nuqqas ta' informazzjoni li jkollhom huma stess jiġifieri sakemm jagħmlu dak l-ewwel pass hmm li jkunu jafu aktar x'wieħed jista' jipprovdi (IP07: 18).

*[...] one, I think it starts from a certain fear and perhaps lack of information, thus until they make that first step hmm that they get to know better what's on offer (IP07: 18).*

[...] hemm il-biża' ta' speċjalment meta ma jkunx hemm informazzjoni, they are not well-informed qisu, hmm ta' x'ha jiġri (IP07: 304).

*[...] There's that fear especially when there's lack of information, they are not well informed of what is going to happen (IP07: 304).*

Evidence strongly suggests that survivors need sufficient information about the available services. *'It's like they don't give you enough information about what is going to happen at the shelter'* (FCS03). This shows that survivors, particularly those who are foreigners with different cultural backgrounds, would often need some elementary yet crucial information such as the structure of the shelter and, for instance, whether the shelter provides private bedrooms or bathrooms.

Secondly, it seems that survivors are not aware of their legal rights.

Knowing their legal rights is essential because at times they are scared that the perpetrator plays with their 'ignorance' of the law and it is important to know what their rights are. So legal aid for me is essential (FCP02: 153).

The participant's stance is also highlighted by article 18 of the Istanbul Convention, where the Explanatory Report (2011) clarifies that survivors should be 'familiar with their rights and entitlements and can take decisions in a supportive environment that treats them with dignity, respect and sensitivity' (p. 22).

Evidence points at instances where professionals also had some misinformation about the services and survivors' rights. For instance, one professional thought that an official change of address from home to that of the emergency shelter could put at risk the survivors' entitlement to the matrimonial home, which is an old misconception. In another instance, the health professional was not aware that domestic violence is an ex-officio offence. Practical and clear information about services and rights are required and expected by the survivors and by the professionals so that the latter can effectively guide the survivors with accurate information.



#### 4.9.2.2 INACCESSIBILITY DUE TO SYSTEMS BARRIERS

This study also provided evidence of inaccessibility due to ‘systems barriers’. This is of particular concern when the services seem indispensable and survivors do not have the financial means to access private or alternative services. One survivor pointed out that ‘[private] therapy is very expensive’ (IS04: 326) and thus it is inaccessible to those with restricted financial resources. Inaccessibility manifested itself in various forms as shown in the following list:

- Long waiting lists for psycho-social services including the service of a psychologist.
- Waiting time, for instance, one survivor claimed she was made to wait for about three hours for her child witness to be seen by a psychologist.
- Limited placements (and sometimes no placements) in emergency shelters.
- Distance for Gozitan residents.
- Inaccessible emergency lines (the survivor was asked to hold on in an emergency and then the line fell).
- Waiting lists for child-care facilities.

Another emergent theme related to the services’ systems barriers was the restrictive eligibility criteria of the emergency shelters as seen by the professionals. Although older survivors were present in one of the shelters, there might be an issue with their more complex needs, resulting in a longer stay. At times, therefore, services might adopt a rather more restrictive approach to guarantee an efficient run of the service and to make it accessible to other potential users, resulting in older persons not receiving adequate protection.

Allura l-biza’ kienet li din [l-anzjana] setgħet tispicċa jgħifieri hmm [fix-xelter] iktar fit-tul sakemm isibulha home. Taf inti llum id-diffikultajiet il-homes tal-anzjani kif inhuma *full-up* u l-*waiting lists* li hemm!? [...] (IP06:200).

*So the concern was that she [the older person] stays hmm [at the shelter] for longer until they admit her to a home. You know the difficulties with the elderly homes being full-up and the existing long waiting lists!? [...]. (IP06:200).*

Evidence seems to suggest that there is a gap between service-availability and perceived service accessibility. It seems that the survivors are not fully aware or not made aware of the various flexible and accessible ways of contact with the agencies. As a result, survivors consider such entities rather inaccessible even though in reality these services are rather more accessible than perceived. For instance, some survivors who prefer discreet encounters with professionals had the impression that social workers (at Aġenzija Appoġġ) do not meet survivors outside the agency (such as in cafeterias), however, this study found such out-of-agency encounters are common.

Another emerging issue is the seemingly inadequate services at the general hospital, both in terms of physical facilities and professional resources.

A person who has been abused, maybe you don’t want her to be in the middle of everyone and don’t have these facilities, and you need [...] imma (*but*) I don’t need a psychologist in three months’ time; I need him NOW!!!! [emphasis] (IP03: 539).

Furthermore, this study also shows perceptions of inaccessibility in the mental health services. Participants referred to existing long and bureaucratic procedures in accessing the psychological service within Mental Health Services.

Imma hawn waiting list tal-ġenn... waiting list u very bureaucratic, l-ewwel trid tmur għand il-psikjatra imbagħad il-psikjatra jrid jirreferik għand is-psychologist. L-ewwel anzi trid tmur għand it-tabib tal-familja tiegħek, jirreferik għand il-psikjatra, imbagħad jarak wara ma nafx kemm imbagħad .... Jigifieri dawn huma [sitwazzjonijiet li jixirqu] li inti jkollok servizz within a day or two mhux....mhux toqgħod tistenna,, x'jigifieri tistenna dawn il-ġimgħat kollha, x'jigifieri? (IP04: 396)

*But there is a crazy long waiting list... waiting list and it is very bureaucratic, first you have to go to the psychiatrist then the psychiatrist has to refer you to a psychologist. Actually, first you have to go to your family doctor, s/he refers you to the psychiatrist, then you get the consultation after a long time... So these are, [such situations deserve] that you get a service within a day or two, not you have to wait for weeks on end, how can it be? (IP04: 396)*

In reality, somewhat more accessible ways of how to get the service of a psychologist in the public sector actually exist, for instance, general practitioners may refer survivors directly to psychology services at the Mental Health Community Centres. Moreover, the Psychology Services Department at Mater Dei Hospital and Rehabilitation Hospital Karin Grech offer psychological interventions to all patients who are referred either by the consultant on the wards (meaning the survivor would already have to be a patient) or by the emergency service through an appropriate consultation. Self-referrals are also accepted. The Child Development Assessment Unit (CDAU) and Child and Young Persons Services (CYPS) refer any children brought in for assessment who are deemed to have suffered domestic violence to Aġenzija Appoġġ (written personal communication from the Mental Health Services, January 15, 2018). Nonetheless, waiting lists may still exist and these still hinder accessibility.

The fact that inaccessibility is perceived and shared by the participants, survivors and professionals alike, is an issue in itself. Real and perceived inaccessibility can be a barrier to help-seeking behaviour. Services need to be accessible and seen as accessible. Accessibility is a minimum requirement. Indeed, article 20(1) of the Istanbul Convention states: 'Parties shall take the necessary legislative or other measures to ensure that victims have access to services facilitating their recovery from violence'.

Data also suggests lack of information about possible resources within colleges / schools, such as special funds administered by the school/college for humanitarian cases. The following citation shows the disappointment of the survivor who is struggling with finances who has never been informed about such fund while her acquaintance was. As a result, this survivor feels discriminated against.

Jiena dil-mara qaltli, 'hemm fond...lilek ma jgħidulekx għall-photocopies?' Qaltli 'għax hemm fondi suppost għax jiena baġtu għalija', 'baġtu għalik! Jiena ma qaluli xejn!' (IS08: 485)

*This woman told me, 'there is a fund, didn't they tell you about the photocopies?' she said, 'there must be a fund, they sent for me to go', 'they sent for you to go! They told me nothing! (IS08: 485)*

This study finds inaccessibility is one of the major issues particularly in social services and health care services. This inaccessibility could be the result of lack of information about the services and resources or systems barriers within the service or a combination of both.

### 4.9.3 ACCEPTABILITY

Tanahashi (1978) argues that once a service is available, it has to be accepted by the potential users.

Otherwise, they may not use it and seek alternatives. There seem to be four main issues that affect the level of acceptance of the available services, namely, cultural factors, past negative experiences of services, fear of worse outcome, and perceived lack of competence / specialisation.

The study shows that the cultural factors may determine the level of use of that service. Stigma is still an issue around accessing services. For instance, there is a stigma attached to Aġenzija Appoġġ as it is seen as that agency which removes children from families.

Access to seeking services in schools bears no stigma and thus seems to be more acceptable; mothers often go to school to drop off and pick up their children, and they can get help there without raising their partners' suspicions. Nevertheless, professionals highlighted the importance for school staff to be more trained in dealing with such situations and in detecting abuse as early as possible as well as assisting child witnesses who disclose violence. The following citation shows that educators can be the first point of contact and act as social brokers.

L-iskola, again, it-tifel tkellem u kienu bagħtu għalija u qaluli biex immur is-St. Jeanne Antide (IS05: 193).

*The school, again, my son spoke and they sent for me and told me to go to St. Jeanne Antide (IS05: 193).*

Martinez-Brawley and Blundall (1989 as cited in Johnson and Yanca, 2015) highlighted that one of the major barriers to seeking and receiving help is the 'community reputation' and the feeling it generates about receiving help within that 'community culture' (p. 103).

[...] li biex ikollhom aċċess għal social worker ma tantx hi problema, donnha iżjed ġiet aċċettata (IP04: 15).

[...] in order to have access to a social worker is not that problematic, it seems it has become more acceptable (IP04: 15).

Acceptance level for a service could be influenced by either the past experiences or the future / anticipated outcomes. Past negative experiences or disillusionment about the services tend to influence the level of acceptability of a service. Survivors may well be more reluctant to re-contact that service or any other service in the future. The following citation clearly shows disappointment and anger because the professional was not keeping her appointments and as a result the survivor rejected the service.

Mela għidilha li jien u hi ma nagħmlux appuntamenti iżjed, għax fl-aħħar ikollok tqum fuq saqajk, tiġi salvaġġa [...] x'tippretendi li jiena nibqa' nagħga naqla' fuq wicci? (IS08: 204)

*So tell her that I and her are not going to make any more appointments, because at the end of the day you have to stand up, become like a savage [...] what do you expect that I remain like a lamb and passive? (IS08: 204)*

Moreover, the study found that survivors might not accept a service because they feared a worse outcome in a form of personal, socio-economic, legal or administrative ramifications after accessing the service (Briones-Vozmediano et al., 2014); non action may be deemed a safer option.

Għax kont dejjem nittama li ma nkabbarx il-ġerħa, biex ma jmurx din l-informazzjoni tiġi żvelata u niġu aġar (IS05:145).

*Because I was already hoping that I don't rub salt into the wound, so as to avoid that God forbid such information is revealed and the situation gets worse (IS05:145).*

The fourth issue is the perceived lack of competence or specialisation of the service on offer. Services were seen as too focused on physical violence and thus survivors might come to the conclusion that emotional violence might not be given due weight by the agencies or that they are not competent enough to deal with such issues.

I have never seen them as being open to emotional abuse. So when they talk about abuse, they always talk about *swat* (battering), about [physical] violence, that's what they talk about always (IS04: 605).

Whilst data seems to mainly address issues of acceptability with the core services (domestic violence services and mental health services), schools seem to have no issue in terms of acceptability because their service is likely to be seen as mainstream and access to schools is part of the normal routine for parents, hence this could be seen to demonstrate the schools' potential central role in the service provision for survivors and their dependents.

#### 4.9.4 CONTACT (USING THE SERVICE)

In Tanahashi's (1978) scheme, this stage captures the actual contact between the service user and the service provider. Disillusionment due to lack of role clarification and unapproachable professionals were some of the themes highlighted at the contact point. When survivors make it to the agency, often against all odds, they approach the agency with expectations. Survivors might have expectations of professionals that professionals cannot or should not provide them with. This shows the importance of a priori role-clarification on the part of professionals. The worker's role is not necessarily clear at face value. Indeed it depends on the function of the workers and of that particular agency (Johnson and Yanca, 2015). Thus role clarification is likely to avoid survivors' disillusionment and secondary victimisation.

[...] tant qisni narahom li jippretendu iżjed mis-social worker, li qisha tippuxxjahom, qisu jippretendu li tippuxxjahom iżjed (IS01: 51).

*[...]I sort of see them as expecting more from the social worker, that she sort of pushes them more, it's as if they expect her to push them more (IS01: 51).*

A health professional is likely to be the first point of contact for survivors of IPV or sexual assault. Abused women use health-care services more than non-abused women do (World Health Organisation, 2013). The FRA Survey (2014) shows that across Europe women are most likely to contact healthcare services (hospital, doctor or other healthcare provider). CDV (2011) showed that 12% of women who experienced violence went to the hospital and health care centre. Survivors in this study complained about mental health professionals who are either unavailable or unapproachable and that there are long periods between an appointment and the follow-up. Moreover, these follow-up appointments are carried out by different doctors. Some participants commented on some general practitioners' reluctance because doctors seem unwilling to get involved in cases of domestic violence in order to avoid having to testify in court.

U t-tabib taf x'qalli 'qgħadt tistenna x-xift tiegħi biex tiġi?' (FCS01: 79)

*And you know what the doctor said to me? 'Were you waiting for me to be on shift to come?' (FCS01: 79)*

#### 4.9.5 EFFECTIVENESS (REACHING THE GOALS)

At the final stage of Tanahashi schema (1978), one can determine whether the service has been effective

or otherwise. Though, as pointed out earlier, services are helpful and effective, the participants shared some issues which can act as barriers in the actual help-seeking process. Survivors spoke about lack of commitment, the feeling of disempowerment and lack of expertise in the professionals that tends to lead to further victimisation.

Lack of commitment irritates the survivors, indeed they complained about professionals who do not follow-up their clients, e.g. failing to contact the school in relation to a child's condition or failing to give an appointment. It seems that institutions (such as government departments) are at times difficult to deal with, requiring the intervention of a professional to act on the survivor's behalf. The feeling of disempowerment instilled by psychosocial services was shared by the survivors. This situation might instil further dependence and a sense of inadequacy in the survivor.

Imma minħabba li s-sistema ma tiħux il-vittma b'mod serju, imma tieħu s-social worker jew is-support worker iktar b'serjeta' inkomplu nsaħħu l-idea li 'jiena bħala vittma ma għandix power and I depend on someone else' (FCP01: 360).

*But because the system does not take the victim seriously but it takes the social worker or the support worker more seriously, we enhance the idea that 'I, as a victim, have no power and I depend on someone else' (FCP01: 360).*

Another emerging theme was the lack of professional expertise and experience in gender-based violence issues. Participants asked for more awareness and training to enhance detection of domestic violence and in dealing with personality disorders and parental alienation. In view of the complexity of the issues at hand, participants spoke about the importance of multidisciplinary teams in addressing the survivors' complex needs.

No data emerged in relation to the effectiveness of school services, this could be due to the fact that schools are not considered to be core service providers for survivors but are likely to act as social brokers, referring the survivor and/or their dependent to another core service.

#### 4.9.6 INTER-AGENCY COLLABORATION

The importance of effective inter-agency collaboration has emerged quite strongly. As stated by Morris (2008):

'Research shows that effective multi-agency working is a skilful and challenging activity, involving considerable demands at both practice and policy levels. Those using the services describe multi-agency working as enhancing service provision when done well, and as frustrating and disempowering when delivered ineffectively' (Morris, 2008, p. 1).

Inter-agency collaboration between social agencies such as domestic violence services and shelters were perceived to be one of the strong factors. Nevertheless, some respondents suggested that inter-agency collaboration needs to be better structured particularly between agencies coming from different sectors which do not necessarily have the same ethos.

Professionals commented that personal relationships with the other professionals helps effectiveness. One professional puts it '*Because in Malta we're still* (Għax Malta għadna), on the personal level, they try and help [...] (IP03: 74)'. Whilst this may work for individual cases it does not guarantee consistency and effective outcomes for survivors generally. Indeed, professionals spoke about the feelings of frustration and helplessness due to unhealthy inter-agency working. One professional said she resorted to 'threatening' another professional to get the necessary service or benefit for the client. Others resorted to patrons – influential persons in authorities – to access services. Accessing services through patrons was identified as an important aspect of Maltese life in Boissevain's work:

Another method of handling contacts with authority is through influential patrons. By 'patron' I mean a person who uses his influence to assist and protect some other person, who then becomes his 'client'. [...] Who are these 'saints', these men of influence? [...] They are the professionals, the civil servants and, in general, the wealthy and powerful. [...]. They are called on to help secure employment, building permits, hawkers licences or a long-delayed hearing at the law courts. (Boissevain, 1993, pp. 120 - 121).

Participants also commented about the underutilisation of resources, for instance, it was said that the police do not resort to on-call social workers very often.

The following table summarises the findings in accordance with Tanahashi's (1978) model:

TANAHASHI SCHEME	ISSUES
AVAILABILITY	No services in Gozo Restricted availability of interpreters
ACCESSIBILITY	Lack of information Waiting list and waiting time Limited (at times no) placements at the shelters Distance for Gozitan residents Inaccessible emergency lines Restrictive admission criteria Reluctance of professionals to get involved Lack of facilities and services in hospital
ACCEPTABILITY	Stigmatised agencies Past disappointments about services Anticipated worse outcome (if services are used) Perceived / real lack of competence or specialization
CONTACT	Disillusionment Lack of continuity in mental health services Perceived / real lack of cooperation/competence from schools
EFFECTIVENESS	Lack of commitment and continuity from professionals Disempowerment Perceived / real lack of competence on GBV issues Multi-agency collaboration with room for improvement

Table 10: Health, Social Care and Educational Provision

While the availability of several services and strong inter-agency collaboration between IPV-specialised services are noticeable strengths, the findings highlight shortcomings acting as barriers to the survivors' help-seeking process which could also lead to secondary traumatisation.

## 4.10 THE JUSTICE SYSTEM

### 4.10.1 INTRODUCTION

The justice system is operated by many different actors including the police, lawyers, judiciary, correctional officers, and probation and parole officers. While sound legislation is important for addressing gender-based violence against women in any state, ICJ (2016) state: '[...] it is not only laws that need to be reformed but also policies and practices in the administration of justice' (p. 7). Moreover, the law is only 'a small cog in the wheel, and therefore limited by the rest of the machinery of the social system' (Easteal et al., 2012, p. 335).

The study shows that survivors' re-victimisation throughout the various levels of the justice system is not negligible. In general survivors feel that the system is insensitive, inflexible and tends to 'bully' them, mirroring perpetrators' behaviour. Moreover, perpetrators are seen to use the justice system to continue to exert their control over the survivor.

[...] biex tgħid il-verżjoni tagħha [tal-fatti], over and over again, hija re-traumatisation. Mela jiena ħa mmur għand tad-distrett, ħa nitkellem ma' dal-pulizija, imbagħad il-pulizija ħa jirreferini għal specialized squad fil-korp, mela ħa nerga' nitkellem, mill-vice squad imbagħad ħa nitla' l-qorti, il-qorti ħa nitla' darba, tnejn, tlieta, erbgħa u l-każ qed jibqa' għaddej (FCP01: 134).

[...] to tell her version [of facts], over and over again, is a re-traumatisation. So I got to the district police office and I speak to the police, then the police refers me to a specialised squad, so I am going to talk once more, from vice squad then I go to the court, to the court I go once, twice, three times, four times and the case is still on-going (FCP01: 134).

### 4.10.2 ENFORCEMENT (POLICE)

The Istanbul Convention (2011) requires law enforcement agencies to 'engage promptly and appropriately in the prevention and protection against all forms of violence' (50(2)). The police service is a very important in this regard because it is often the first to be approached when anyone is seeking justice in GBV cases. According to the United Nations Office on Drugs and Crime (2010, hereinafter referred to as UNODC, 2010), the following are the main roles of the police in responding to violence against women.

- (a) To effectively investigate all alleged incidents of violence against women;
- (b) To conduct all investigations in a manner that respects the rights and needs of each woman without needlessly adding to the existing burden experienced by the victim;
- (c) To take action to support and protect all victims of crime;
- (d) To prevent crime, maintain public order and enforce laws (p. 42).

Survivors and professionals highlighted the crucial role of the police in protecting the survivor, investigating the violence, collecting evidence and prosecuting the perpetrator. The participants spoke



about instances where police were helpful, understanding and effective in their interventions.

Jigifieri ġieli jkun hemm pulizija fejn vera jkun fhemha u empatizza magħha u jgħinha u jagħtiha s-sapport u anke jirreferiha, jigifieri ikun hemm ċertu hmm self-knowledge min-naħa tal-[pulizija] (FCP03: 47).

*So sometimes there's a police officer who really understands her and empathises with her, helps her and gives her his support and even refers her, so there is a certain level of hmm self-knowledge from the police end (FCP03: 47).*

However, the data also indicates several instances when survivors were met with police inaction, hostility or dismissiveness. One professional said: 'We have some very good police officers who do very good work, but training about demeanours is lacking you know' (IP02: 367). Findings show that the police were perceived as lacking the required knowledge, and helping and interviewing skills to deal with gender-based violence against women. Police officers who are perceived as biased and with poor helping skills are likely to cause secondary victimisation to victims. One survivor put it thus: 'they [police] treated me like dirt' (IS 02: 426).

Participants in this study spoke about various situations where survivors were re-victimised when they approached the police for assistance. The following are the emergent themes as experienced by the survivors and shared by them as well as professionals during the interviews and focus groups.

Police officers were seen to contribute to secondary victimisation when they:

- Take the perpetrator's side or even back the perpetrator;
- Not believing the survivor's story;
- Undermining the survivor in front of the perpetrator;
- Using tactics to change survivor's mind
- Being inflexible; and
- Not following protocol, to the detriment of the survivor.

The issues in this section were categorised under the following six themes adapted from the UNODC (2015): Initial / immediate response; ensuring survivor safety; the collection of evidence; interviews; prosecution; and specialised investigative unit.

#### 4.10.2.1 INITIAL / IMMEDIATE RESPONSE

This study shows that as part of the initial response, participants expect police officers to be readily accessible in case of emergency, give due weight to the reported violence, have a female officer present and give the right information about the survivor's rights and the available services. The initial response can take place either at the police station or outside, at the crime scene. The findings show that survivors may encounter difficulties in all these aspects.

Survivors claimed that police took relatively long to arrive on the scene. Evidence seems to suggest that survivors feel that their initial report is not given due consideration and consequently, rather than go to the crime scene, the survivor (or the perpetrator) is told to go to the station immediately after the incident, even in the middle of the night. It seems that contrary to protocol, police still send the survivors to file the report in the police station in the catchment area where the incident has occurred;

an email from CMRU (written personal communication, December 11, 2017) confirmed survivors can file their report in any station they want.

Speċjalment meta jidhlu l-pulizija li sfortunatament ma tantx ikun hemm awareness jew training kif għandhom jirrelataw mal-persuna u flok jgħinuha, ifixkluha u tispicċa tmur lura d-dar (FCP03: 18).

*Epecially, when the police are involved, which unfortunately there is not much awareness and training on how to relate with persons and instead of helping her, they confuse her and she ends up going back home (FCP03: 18).*

Professionals claimed that the police often dismiss the case possibly because they consider issues of domestic violence as an 'extra' duty or because of the mentality that 'if we can keep the family together, we keep it together' (IP02: 463). Survivor and professionals spoke about instances where police were dismissive, discouraging the survivors from reporting. The following instance is a case in point.

'Le m'għandek xejn, mur id-dar... issa mur laħlaħ wiċċek u jgħaddilek!' (IP04:227).

*'No, you're okay, go home... now go and wash you face and you'll feel better!' (IP04:227)*

The literature shows that police inaction and dismissiveness is likely to increase fears of retaliation by the abuser. Dichter and Gelles (2012) argue that if the perpetrator learns or perceives that he will not be held accountable, he is more likely to continue his violent behaviour than if he assumed he would be subjected to a formal sanction. Lockwood and Prohaska (2015) argue that traditional police ideals, traditional gender roles, support for male-dominated or violent relationships tend to enable the 'masculine police culture' that does not regards IPV as a serious crime (p. 77). They propose some measures to eliminate this masculine culture within the police force including gender-sensitivity training, more recruitment of women and recruiting men who respect women. Data seems to suggest that the masculine police culture is also reflected by the fact that female officers seem to be invisible or not empowered or not given central roles within the police force.

Hmm, pero' jiena nemmen li li in-nisa fil-pulizija għandhom jingħataw ħafn'izjed [xogħol] at the fore... ikunu ħafn'izjed at the forefront, mhux jagħmlu pereżempju, hmm hmm in-nisa [pulizija] qegħdin joħorgu 'l dawn, x'jgħidulhom? [...] il-kondotta, office work, I mean, office work tista' tagħmlu clerk jew jista' jagħmlu kulhadd (IP04: 254).

*Hmm, but I believe that that female police officers should be given a lot more [work] at the fore... they should be more at the forefront, not doing for example, hmm hmm [police] women are issuing these, what do they call them? [...] police conduct, office work, I mean office work can be done by a clerk or can be done by everyone (IP04: 254).*

An emergent issue which seems to be crucial as part of the initial response is the presence and involvement of female police officers particularly when the survivor is filing a report or being interviewed by the police. Survivors said that they found the presence of a female officer more comforting and reassuring.

The crucial involvement of female police officers is also supported by the literature. Stalans and Finn (2000 as cited in Lockwood & Prohaska, 2015) suggest that sending female officers, who are empathic towards survivors, to the scene could be helpful to the survivors in various ways. Moreover the combination of genders (male and female officers) may be preferred to having a response by male officers only (Lockwood & Prohaska, 2015).

Imma meta inti għandek [pulizija] mara, għaliex m'għandekx tibgħatha? Jew f'sitwazzjonijiet ta' domestic violence, għaliex għandhom imorru żewġt irġiel? Mara u raġel [għandhom imorru] (IP04: 259).

*But when you have a [police] woman, why should you not send her? Or in situations of domestic violence, why should two male officers go? A female and male [police officers should go] (IP04: 259).*

As part of the initial response, survivors expected to be informed by the police about their rights and the available services, particularly GBV-related services.

The people are not informed of their rights (IP02: 483).

L-ewwel haġa jfittxuli għajnuna huma, jiġifieri 'ma'am, do you need help?' I don't think they should offer like do you want help?' because women are going to say 'I can handle it, I am fine'. And even to admit that you actually have a problem, jiġifieri jiena nemmen li isma' aħna ha nibgħatak hemm, ara naqra forsi trid tkellem lil xi ħadd [...] (IS02: 374).

*First of all, they should be seeking help for me, so, 'ma'am, do you need help?' I don't think they should offer like 'do you want help?' because women are going to say 'I can handle it, I am fine!' And even to admit that you actually have a problem, 'so I believe they should, listen we are going to send you there, look perhaps you'd like to speak to someone [...]' (IS02: 374).*

#### 4.10.2.2 ENSURING SURVIVORS' SAFETY

UNODC (2010) urges responding officers 'to quickly separate the parties' and 'to take steps to ensure the safety of the victim, including any children who may be present. (UNODC, 2010, p. 44). The police in Malta do not have at their disposal an immediate barring order to separate the survivor from perpetrator. Participants spoke about the unfairness emanating from this present system where the victim and her dependents end up having to leave the family home whilst the perpetrator remains at home. According to the Explanatory Report (2011), one of the most effective ways of ensuring safety to the survivors is by ensuring 'physical distance' (p. 44). The current Maltese legislation does not provide for immediate barring orders to be executed by the police.

[...] anke kif inhi s-sitwazzjoni illum, jekk każ fejn il-vittima għandha bżonn toħroġ mid-dar għas-safety tagħha, aħna bħala pulizija at this stage, m'aħniex, m'għandniex il-power li nġhidu lill-perpetrator 'oħroġ mid-dar' [...] (IP05:26).

*[...] moreover, as things stand today, if it's the case that the victim needs to go out of the house for her own safety, we, as police, at this stage, we aren't, haven't the power to ask the perpetrator 'leave the house' [...] (IP05: 26).*

Survivors and professionals strongly recommended that it should be the perpetrator who is made to leave the family home as demonstrated in the following citations<sup>14</sup>.

Illum nemmen li hawn iktar forsi aċċess għall-mara li tkun imsawta, still hmm hemm xi jsir,

<sup>14</sup> The current Bill on Gender-based Violence and Domestic Violence refers to an amendment to article 346 of the Criminal Code to read as follows: '(3) The Police shall take all necessary measures for the immediate protection of victims following an assessment carried out in accordance with the provisions of the Victims of Crime Act'. (para 62). At the time of writing this report, the Bill is in its second reading, available on: <https://www.parlament.mt/en/13th-leg/bills/bill-no-014-gender-based-violence-and-domestic-violence-bill/> (last accessed on 29/12/17).

jiena nemmen li l-aggressur għandu jinħareġ mid-dar (IS07: 26).

*I believe today there is more access for the women who is abused, still hmm there is still much to be done, I believe that the aggressor is to be removed from the house (IS07: 26).*

Li l-liġi trid tinbidel totalment... jekk hemm bżonn joħroġ il-perpetrator, imur go xelter il-perpetrator mhux il-mara bit-tfal jew il-mara waħedha (IP04: 52).

*That the law has to change completely... if necessary, let the perpetrator leave house and let him go to the shelter himself not the woman with her children or the woman alone (IP04: 52).*

Allura din, dik il-fatt li qisu mhux qed jinħareġ l-aggressur u qed ikolli noħroġ jien qed toħloq daqsxejn ostaklu u dak li jkun jaħsibha darba darbtejn (IP07: 43).

*So the fact that the perpetrator is not being ordered to leave the house but I have to go is creating an obstacle and the person thinks it over, once, twice (IP07: 43).*

One needs to clarify, however, that the police have the power to arrest the perpetrator and arraign him in court in cases of grievous bodily harm.

On the other hand, hemm każijiet, li meta jkunu każijiet illi jkunu gravi, il-pulizija jista' jarresta lill-perpetrator u jressqu b'arrest jiġifieri jkun b'urgenza, jitressaq within 48 hours (IP05: 48).

*On the other hand, there are cases, that when cases are grave, the police can arrest the perpetrator and arraign him urgently, within 48 hours (IP05: 48).*

It was made clear, however, that in reality arrests cannot take place in all cases given that the number of reported domestic violence is on the increase. Nevertheless, this further justifies the need for the provision of the emergency barring orders.

Participants claimed that not only did the police fail to offer protection to the survivors but at times survivors felt intimidated by the police and their approach. For instance, they felt intimidated because they felt they were being treated like criminals.

I was repeatedly told I was lying, and I was screamed and shouted at, threatened to arrest, threatened that I would be kept in a cell overnight (IS01: 46).

'You sure you're not lying because if you're lying, we will find out, if you're lying, you will end up in prison.' It's very intimidating, and this person has just been traumatised you know, so that is a very difficult situation (IP02: 227).

#### 4.10.2.3 COLLECTION OF EVIDENCE

Findings show that the onus of proof is placed on the victim, whereas it is the police's responsibility to get the facts and investigate them. Professionals also acknowledged the fact that there are situations where sexual assaults cannot be proved, and that victims fail to report sexual assault because either there seems to be no evidence or because they do not want to go through the court proceedings. In sexual assault cases, the evidence has to be collected quickly, and survivors should be guided as to how to preserve that forensic evidence. There were instances where tests and samples were not taken until hours later.

About sexual assault cases, it's that evidence is not taken quickly. So the forensic evidence, for example, blood and urine samples to test alcohol content, they take several hours to be taken (IP02: 395).

She was made to wait at the hospital for ten hours before anyone came to speak to her, you know. I mean alcohol content that was in her body, it was a sexual assault client, any evidence of semen anywhere on her body was gone (IP02: 504).

So she spent 10 hours at the hospital, the doctors don't touch her until the forensic expert does obviously because they don't want to *dana* (you know), mess up the evidence but in the meantime she urinated, she ate, she drank, she slept, she chewed gum you know. She literally did everything that you are not supposed to do after you are assaulted. She didn't know. No one told her, you know (IP02: 510).

#### 4.10.2.4 INTERVIEWS

Police interview survivors to gather facts, collect evidence and take further action. Interviewing survivors entails 'care, patience and sensitivity' (UNODC, 2010, p. 59). Moreover, UNODC recommends that interviews are to be conducted in a way that ascertains privacy and confidentiality. Moreover, they have the right to refuse to give a statement or give one later on.

The study identified a major issue with how the interviews with survivors are conducted by the police. The proper timing and place are crucial. Survivors recounted that they were interviewed by the police immediately after the incident, in front of their relatives (when they did not want to reveal sensitive information to the relatives) or even in the middle of the road. Survivors mentioned that their privacy was not respected particularly when filing a report at the police station which process is not discreet at all.

Evidence seems to suggest that survivors are interviewed immediately after the incident when they are still under shock. Moreover, survivors may not be well-prepared to be questioned by the police and survivors do not know what and how to report emotional or psychological violence. They do not know how to present it (especially if there is no physical evidence). This puts further responsibility on the police officers to conduct the interview in a sensitive manner.

UNODC (2010) suggests that investigating police officers should refrain from using 'why questions' as this can be interpreted as an attempt to blame the survivor for the violence. Victim-blaming emerged quite strongly. Victim blaming, along with minimisation of the seriousness of IPV, patriarchal attitudes towards women and presumption of victim non-cooperation were some of the problematic views held by police officers (Burgess-Proctor and Elis, 2008 as cited in Lockwood & Prohaska, 2015). These problematic views are manifested in the following citations.

'What did you do to provoke him?' (IS01: 46)

I was asked if I had ever been hmm assaulted before because if I had been, it would make more sense why did this happened. Most men don't do this sort of thing [...] (IS01: 43)

[...] dan mhux ser issawwat mara għalxejn, jiġifieri sinjal li għamiltlu xi haġa' (IS02: 173).

[...] *he is not going to beat a woman for no reason, so you must have done something to him'* (IS02: 173).

Għajnuna ma sibt xejn mid-depot, anzi l-kontra... għax hmm... dawruha fuqi huma (IS02: 50).

*I found no help at the depot, on the contrary... because hmm... they blamed me* (IS02: 50).

About sexual assault, the participants stated that the argument that people cannot consent when they are intoxicated is very rarely used by the police. So it is more seen that “listen you were drunk and you were asking for it (u stedintha)’ rather than ‘listen you were drunk, and you couldn’t have consented to this” (IPO2: 402). There are the underlying assumptions that women should be chaste or have a “good reputation” to ‘access the protection of the criminal law’ (ICJ, 2016, p. 124).

#### 4.10.2.5 PROSECUTION

Survivors and professionals claimed that some police officers are still not considering cases of domestic violence as ex-officio cases either due to lack of knowledge or due to outright negligence. Ex officio proceedings mean that ‘states shall ensure that investigations and prosecution may continue even if the victim declines to report violence or press charges or later withdraws charges and testimony’ (Pais, 2014, p. 1). Ex officio proceedings include investigation and prosecution. There seem to be instances when police initiate prosecutions without conducting proper investigations, relying heavily on a statement. Evidence seems to refer to situations where the perpetrators maliciously accuse victims of assault.

It’s very normal that as soon as the victim makes the accusation against the perpetrator, the perpetrator will make an accusation against the victim (IPO2: 119).

As a result, the survivors end up being accused of perpetrating a crime too. The police might know it is a fake report or a situation of self-defence, but they proceed against the survivor anyway claiming that they have no choice even though it is the police responsibility to lead the investigation and the prosecution. The following citations exemplify the issue:

Isma’ ta nafu li ma ġarax hekk speċi ta. Għedtlu ‘allura’, he said ‘but we have no choice, we have to do this speċi ta (IS06: 71).

*Listen, we know that it didn’t happen this way, sort of. I told him ‘so’, he said ‘but we have no choice, we have to do this, sort of (IS06: 71).*

I had been charged with assault and disturbing public peace despite the fact that I had eighteen injuries on myself, many witnesses that saw what had happened (IS01: 51).

#### 4.10.2.6 SPECIALISED INVESTIGATIVE UNITS

The current specialized team in the police force, the Victim Support Unit seems to have limited resources. Specialised officers are necessary because it seems cases are getting more complicated. Perpetrators know how to manipulate things to their advantage, and as a result, the judicial process is getting slower and longer. Currently, the specialised team is also monitoring and coaching responding officers in their work related to GBV against women.

Due to the complexity of cases, as discussed in the previous section, police have to work with other specialised entities collaboratively to provide an effective services to the survivors. Specialist services by their very nature are focused on their interventions and thus collaboration with other agencies is not just unavoidable but desirable. This is clearly stated by the UNODC (2010, p. 52) in the following citation.

Multidisciplinary teams are often used in complex, especially traumatic or large investigations where the police may not have the specialized tools, knowledge or resources to handle all the needs of the victim themselves. Examples include crimes where the



victim is too traumatized to offer a statement, suffers from some form of mental/cognitive impairment or requires the assistance of a translator. In all such cases, the investigators may work cooperatively with counsellors, social service workers, psychologists or others who can provide specialized assistance to aid both the victim and the investigators.

The following table summarises the main issues that have been discussed in this section.

ADAPTED FROM UNODC (2010)	ISSUES
INITIAL IMMEDIATE RESPONSE	Delayed response Inaccessibility Dismissive Female police officers not always present
ENSURING SURVIVOR SAFETY	No immediate barring orders Intimidation
COLLECTION OF EVIDENCE	Onus of proof is placed on the victim
INTERVIEWS	Lack of interviewing skills Inappropriate timing & place Lack of privacy
PROSECUTION	Not treated as ex officio
SPECIALISED INVESTIGATIVE TEAM	Small team and limited resources

Table 11: Barriers in the Enforcement (Police)

### 4.10.3 THE JUDICIARY

‘Gaining access to justice for acts of gender-based violence against women is important to secure relief at the individual level, but also to promote change at the systemic level regarding laws and practice.’ (ICJ, 2016, p. 6). When justice is served, a clear message is sent across society particularly to the victims who have not accessed justice yet, to perpetrators whose behaviour has not yet been sanctioned and to all those concerned, such as professionals.

The CEDAW Committee (2015) has outlined six interrelated and essential components of functional justice that safeguards women’s rights. These components include Justiciability, Availability, Accessibility, Good Quality, Access to Remedies and Accountability. The findings will be categorised according to these components.

#### 4.10.3.1 JUSTICIABILITY

CEDAW Committee (2015) recommends that the state is to: (15) ‘(c) Ensure that the professionals of justice systems handle cases in a gender-sensitive manner and (d) Ensure the independence, impartiality, integrity and credibility of the judiciary and the fight against impunity’.

The two issues that have emerged in this study under the component of justiciability are the perceived impunity and lack of gender-sensitive approaches by the judiciary. Justice should not only be done but seen to be done. It has emerged that participant survivors as well as professionals, feel that ‘there is no justice’ (*m’hawnx gustizzja*) (IP01: 25) and perpetrators end up with a slap on the wrist (such as suspended sentences). Such perceived impunity is likely to send the message to perpetrators and



society at large that gender-based violence against women is not a serious crime. Moreover, it is likely to discourage survivors from seeking help and redress through the judicial process. Orth (2002) argues that survivors may expect that the trial and the outcome will deter further offences against them.

Survivors want acknowledgement, but very often they seem to be let down by the system. The following survivor speaks about the notion of acknowledgement by the court and the message to the society at large.

If you had to tell me 'what did you really want to come out of it?' Acknowledgement! Someone understands that these things aren't right. You know, I don't want the police to do the same to another ... You know it's fine, he got away with it. It's that attitude, you know, you are going to court knowing li (*that*) nothing happens (pause), I think that is the most frustrating bit (pause). (IS06: 251)

Orth (2002) confirms that the official acknowledgement of a 'victim status' and that of the 'perpetrator' is one of the primary motives for the survivor. The absence of such recognition is likely to be perceived by the victims as the gravest form of secondary victimisation (Montada, 1991 as cited in Orth, 2002).

The second issue under the component of justiciability is the lack of gender-sensitivity on the part of the judiciary. Impartiality is jeopardised by biases, myths and stereotypes which are normally the by-product of the society at large. The judicial body may perpetuate such biases, myths and stereotypes through their behaviour and decisions which bear weight. Article 28 of CEDAW Committee (2015) states:

"Women should be able to rely on a justice system free from myths and stereotypes, and on a judiciary whose impartiality is not compromised by these biased assumptions. Eliminating judicial stereotyping in the justice system is a crucial step in ensuring equality and justice for victims and survivors." (Art 28).

Survivors shared their difficult experiences where their stories of violence had been instantly dismissed by the court. For instance, one magistrate told the survivor: 'Well maybe before you call the police next time, you should make sure you are not wasting their time' (IS01: 121). Moreover, survivors spoke about feeling intimidated, humiliated and ridiculed in court (in front of the perpetrator). They experienced lack of respect and privacy in the family court. Survivors also claimed that some lawyers do not show respect towards them and that they get shouted at by them. Judiciary members' and legal professionals' sensitivity towards the survivors is essential as their behaviour and decisions do not solely affect the survivor but the whole community.

Forcing survivors to participate in mediation may lead to secondary victimisation; violent relationships have different dynamics and are based on unequal positions between the survivor and the perpetrator (Logar & Marvánová Vargová, 2015). The Explanatory Report (2011) highlights that 'Victims of such violence can never enter the alternative dispute resolution processes on a level equal to that of the perpetrator'. Referring to article 48 of the Istanbul Convention, the Explanatory Report argues that the Convention does not question the advantages of alternative dispute resolutions such as mediation, however, drafters of the convention 'wish to emphasise the negative effects these can have in cases of violence [...] in particular if participation in such alternative dispute resolution methods are mandatory and replace adversarial court proceedings'.

Data shows that where there are civil proceedings for separation, mediation is still taking place between spouses with a clear history of domestic violence even if in such cases it is contraindicated. As a result, they might even accept unfavourable conditions just to escape secondary victimisation and get away from the perpetrator. Though survivors seem to have found a way to avoid a cumbersome justice system, justice is not being served. The following exemplify this point.

So you just you know, you come to a point... it took me six years. I got what almost I wanted... no, but I need to weigh more options now, and I sort of bailed out so to say, and I thought it was the right time (IS06: 315).

Tmur il-qorti, tagħmel xi għaxar [snin][...] imma ma ħadtx in-nofs li ħaqqni. Hemm xi wħud jiġu jgħidulek, 'imm'inti kieku ħadtlu somma'. Imma le ta, ħtaft l-opportunita', naf li ġejt fixxa! (IS05: 75)

*You go to court, you spend about ten [years][...] but I didn't get half of what I deserved. There are some people who tell you 'but you should have taken a good sum from him'. But no, I grabbed the opportunity, I know I'm broke! (IS05: 75)*

#### 4.10.3.2 AVAILABILITY

CEDAW committee (2015) suggests the establishment of courts where women can seek redress. Participants pointed out that there is only one magistrate who normally takes cases of Domestic Violence. There is one magistrate who presides over the family court within the Court of Magistrates as a Court of Criminal Judicature. This magistrate presides over cases related to family issues that might constitute a criminal offence as defined in Art 370 the Criminal Code. These offences include all contraventions and crimes which are liable to punishments for contraventions, fines or to imprisonment for a term not exceeding 6 months. There is no specialist Domestic Violence court and cases of Domestic Violence do not necessarily appear in front of the family court (written personal communication from a court officer, December 29, 2017). Lack of resources within the court and the increasing number of cases could be the two reasons why there is a backlog and proceedings are currently taking too long.

Maġistrat fuq domestic violence għandna wieħed biss, u l-każijiet dejjem jiżdiedu jiġifieri wieħed biss m'huwiex biżżejjed [...]. Imma domestic violence għandna elf and over għax dana kawża ma tinqatgħax wara f'darba. Jiġifieri jekk għandek aħna elf li jagħmlu r-rapport imma imbagħad għall-qorti ħa jtilgħu darba, darbtejn, tlieta jiġifieri dan ara x'ammont ta' każijiet għandu u kull sena dejjem jiżdiedu (IP05: 522).

*We have only one magistrate who is on domestic violence, and the number of cases is constantly increasing so only one [magistrate] is not sufficient [...]. But domestic violence cases, we have one thousand and over because a court case isn't concluded in one [sitting]. So if we have one thousand that file a report but then they go to court once, twice, thrice so you can see the amount of cases [the magistrate] has got and they are increasing each year (IP05: 522).*

The issue of efficiency (timing) will be discussed under the component of quality (in this section).

#### 4.10.3.3 ACCESSIBILITY

CEDAW Committee (2015) remarks that accessibility requires that all justice systems are to be 'secure, affordable and physically accessible to women' (14 (c)). Indeed in this study the issue of inaccessibility transpired in terms of insecure / unsafe situation at the law courts, lack of use of technology, the use of inaccessible language, lack of knowledge about the procedure and direct and indirect costs.

Survivors reported not feeling secure at the court premises, particularly when the survivors are waiting in the same waiting area with the perpetrators before they enter the court room. The same experience of insecurity may be experienced by survivors in the court room, particularly when testifying in

court. Participants spoke about the importance of video-conferencing as such systems keep survivors separated from perpetrators, thus increasing this sense of security. Firstly, it seems that police or lawyers do not request it very often and secondly, magistrates have, on occasion, categorically refused the use of video-conferencing in court.

Easteal et al. (2012) argue that the legal institutions often reflect 'masculine language styles, morals and values' because the legal system has been shaped and run by men (Easteal, 2010, p. 325). Professionals spoke about the importance of the use of accessible language within the justice system and claimed that survivors seem to struggle to understand the procedures of the judicial process.

Lawyers have power and meta (*when*) they are not forthcoming with information in a language that a victim can understand; it's a replica of what happened back at home [...] (FCP01: 397).

Another major issue related to accessibility is the costs incurred during prolonged court procedures. The majority of survivors have limited financial resources, and thus such costs are unaffordable. Lawyers who are specialised in gender-based violence against women are scarce too. Non-government organisations are currently filling this competence gap, through free specialised legal services but such organisations also have limited resources.

State Legal Aid services are available to all victims of crime, and it is free of charge (Legal Aid Malta). Participants commented that the legal aid service in Malta and Gozo is adequate. Though legal aid seems helpful, there is the perception that very good lawyers are private practitioners who are expensive to recruit and are often unavailable and unreachable.

We've also had issues with lawyers as well because generally the rhetoric is you're either going to pay through your nose for a good lawyer who you can never reach or else you are not, you're not going to pay through your nose, and you are going to get a lawyer who has no idea of what they are doing, and you will be able to reach them, and it seems to be you know, this hmmm (IP02: 131).

And then when you do find decent lawyers who actually know how to work with victims of domestic violence as well, they are never available (IP02: 150).

Għax dawn financially, kif qed ngħidu, jkunu batuti ħafna, dawk l-avukati li aħna nqisu li huma żwiemel huma very expensive. Dawk żgur m'għandhomx il-financial means (IP05: 74).

*Because these financially, as we're saying, are broke, these lawyers we consider them as very good [literally horses] are very expensive. They surely don't have the financial means* (IP05: 74).

Apart from the direct costs, there are indirect costs such as vacation leave, time and possible other ancillary services. Employed survivors use their vacation leave to attend court sittings which are often deferred. As a result, the process is further prolonged and the number of court sittings increases, hence more vacation leave is needed. Moreover, there are no family-friendly measures and, for instance, there are no childcare facilities for unemployed survivors who have to go to the court and have nobody to mind their children.

This study shows that survivors tend to experience inaccessibility due to insecure situations at the law courts, lack of use of video-conferencing, the use of inaccessible language, lack of knowledge about the procedure and direct and indirect costs.

#### 4.10.3.4 QUALITY

The CEDAW Committee (2010) recommends that the state provides, 'in a timely fashion, appropriate and effective remedies that are enforced and that lead to sustainable gender-sensitive dispute resolution for all women'. (18 (d)) Hence for justice to be served, survivors need to access appropriate and effective remedies within a reasonable time. The Committee here combines effectiveness and efficiency as two main components of good quality.

Inefficiency is the lack of proper use of resources; time is one of them.. Participants, survivors and professionals alike reiterated that the judicial process is too long and slow. Since most of the cases do not involve grievous bodily harm, they are not treated with urgency and thus, there is a long delay between filing the police report and the beginning of the court process. This delay is another source of psychological stress for survivors (Bennett, Goodman, and Dutton, 1999; Gutheil et al., 2000 as cited in Orth, 2002). Participants in this study claimed that such cases, even when there are no grievous physical injuries, require speedy resolution, especially if survivors and perpetrators still live under the same roof – a situation could be dangerous to the survivor. Protection orders cannot be requested prior to the first court sitting. It seems that perpetrators tend to use the inefficient judicial process to further traumatise and control their perpetrators. Participants discussed circumstances where perpetrators who seem to intentionally and wittingly prolong the judicial proceedings to secure the status quo while they are comfortably residing at the matrimonial/family home and the survivor is away, possibly in a shelter.

Another issue revolves around the notion of continuity. A change of magistrates during the process seems to prolong and disturb the judicial process which adds to the survivor's secondary traumatising where she has to recount her story to different magistrates. Continuity may be hindered by lawyers too, who stop their service abruptly for no apparent reason, leaving the survivors unaided and helpless.

Efficiency and continuity are just two manifestations of quality. Quality is a wide notion and may also incorporate the adherence to international standards of competence, independence and impartiality.

#### 4.10.3.5 ACCESS TO REMEDIES

The CEDAW Committee (2010) states that the provision of remedies involves the opportunity for women to receive from justice systems 'viable protection and meaningful redress for any harm that they may suffer' (14, e). Two themes have emerged quite strongly in reaction to this - the possibility of requesting a stay in court proceedings ('forgiving') and the emergency protection order.

Article 543 (e) of the Criminal Code states:

Provided further that it shall be lawful, after proceedings have commenced before the court in virtue of this article for an offence mentioned in this paragraph, for an alleged victim of an offence involving domestic violence to request the court to stay proceedings against the alleged perpetrator, and when such a request is made the court may decide and direct the continuation of proceedings against the alleged perpetrator, giving particular consideration to the best interests of any minors involved, and shall cause such request and decision to be registered in the records of the case.

By virtue of the above article, survivors are given the possibility to request the court to stay proceedings ('forgiving') in court or otherwise. Giving such an option to the survivor puts the survivor in an awkward position. It is clear that survivors do not want this option and that they feel safer without it, particularly if they are still living with the perpetrator. One survivor recounted that requesting

the court to stay proceedings against the perpetrator was one of the conditions placed on her (to which she felt coerced to agree) in order to reach a consensual marital separation agreement. The Istanbul Convention (2011) states that ‘proceedings may continue even if the victim withdraws her or his statement or complaint’ (Art. 55, 1). The aim of this provision is to have effective criminal investigations and proceedings without placing the onus on the victim (Explanatory Report, 2011). Victimless prosecution refers to criminal proceedings where the survivor (the victim) is not required to be directly involved in the criminal proceedings. For this reason, the police may require different types of evidence, other than the survivor’s statement, such as recording of emergency line calls, recordings by officers on the scene, medical reports and other witnesses (Berry, 2000).

As observed earlier, emergency barring orders are not yet available by law. However, one of the measures and remedies for protection is the protection order. The study found at least five issues about this particular order for protection. Firstly, it was claimed by professionals that protection orders are often not requested by the police, either because they are not aware of the procedures, or simply because do not request it. Secondly, the protection order has to be issued by the court, and thus it is not put in place before the first hearing, which means that the victim remains without proper protection for weeks if not months. Thirdly, even when in place, it seems protection orders seem to be very difficult to enforce in practice. One legal professional pointed out that there is no proper mechanism to implement and monitor such court orders. Unless there is clear evidence of a breach of protection order, police are unlikely to proceed against the perpetrator. Fourthly, even if the police decide to proceed against a perpetrator who has breached the protection order, weeks might pass before the case is heard in court. Finally, perpetrators are also managing to bypass protection orders by sending family members to harass or threaten the victim in their stead. The above five stumbling blocks shows that, as things stand, the protection order is unlikely to be effective.

#### 4.10.3.6 ACCOUNTABILITY

The CEDAW Committee (2015), article 14 (f) recommends the monitoring of the justice system to ensure that it is adhering to the principles of justice including justiciability, availability, accessibility, good quality and provision of remedies. It also refers to the monitoring of the actions of the justice system professionals.

It’s just all about intimidation. M’hemmx integrita’ ta’ xejn, ta’ xejn you know. And it’s bullying, and you think, ‘ara jiena wkoll’, I mean, I mean ‘I was in a bullied married situation and getting bullied in court’ (IS06: 312).

*It’s just all about intimidation. There’s no integrity, not at all you know. And it’s bullying, and you think, ‘look at me!’ I mean, I mean ‘I was in a bullied married situation and getting bullied in court’ (IS06: 312).*

Participants (professionals) highlighted the importance of specialised training for the judiciary to promote a more gender-sensitive approach. Lawyers also need training: ‘Lawyers don’t seem to be well-trained in domestic violence, even lawyers who handle separations frequently’ (IP02: 136).

Laws provide an important framework for establishing what is a crime, deterring wrongdoers and provide remedies to victims. ‘However, laws alone are insufficient and need to be part of a broader effort that encompasses public policies, public education, services and violence prevention’ (E/CN.4/2003/75 as cited in United Nations, 2006, p. 103).

CEDAW COMMITTEE (2015)	ISSUE
AVAILABILITY	No specialised DV court
ACCESSIBILITY	No separation in waiting area between survivors and perpetrators
	Infrequent use of Video-conferencing
	Direct and indirect costs
GOOD QUALITY	Inefficiency regarding timing (long and slow process)
	Lack of continuity
ACCESS TO REMEDIES	Asking the court to stay proceedings against the perpetrator ('forgiving').
	Issues with Protection order
ACCOUNTABILITY	Specialised training needed

*Table 12: Barriers in the Justice System (Courts)*

## 4.11 CONCLUSION

In this chapter the main nine barriers to the help-seeking process have been discussed. These barriers included (1) Cultural barriers, (2) Socio-economic barriers (3) Survivor individual barriers, (4) Perpetrator-created barriers, (5) Offspring-created barriers, (6) Informal networks (family and friends) barriers (7) Psychosocial /health care / education provision barriers and (8) Justice system barriers. Based on these findings, various conclusion and recommendations for policy development and further research are proposed.

# CONCLUSION AND RECOMMENDATIONS

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## 5.1 INTRODUCTION

This study investigated the barriers faced by survivors of gender-based violence against women in Malta when seeking help and effective interventions at the various state and voluntary services, as well as those faced by professionals when delivering a service to the survivors. The analysis identified eight main categories of barriers including: (1) Cultural barriers (2) Socio-economic barriers, (3) Survivor-related barriers, (4) Perpetrator-related barriers, (5) Offspring-related barriers, (6) Informal networks (family and friends) barriers (7) Psychosocial / health care / education provision barriers and (8) Justice system barriers (including police and courts).

The predominantly patriarchal Maltese society remains an underlying and ubiquitous barrier. Gender inequality still manifests itself in social attitudes, gender roles and dominant discourses. Survivors experience shame mainly due to the resounding social expectation that ('good') women should remain with their male-partners at all costs and that their primary role is to care for the family and keep it together. The media, civil society and the Catholic Church have a crucial role in combatting attitudes that perpetuate GBV against women. Moreover, public awareness programmes and school-based awareness programmes are considered significant in addressing, challenging and altering social attitudes.

Some barriers appear to be internalised by survivors in the context of the patriarchal Maltese society. Prolonged use of defence mechanisms, such as denial, minimisation and rationalisation, together with negative emotions such as shame, shock, fear and confusion seem to block survivors from adopting help-seeking behaviour. Moreover, survivors tend not to report or seek help if they somehow assume the responsibility for the perpetrator's violence and blame themselves for it, believing that the abuse is their fault. Mental health difficulties (often resulting from abuse), which featured quite strongly, tend to compound the issue.

Survivors' financial situation exacerbates the difficulties when seeking help. Economic dependence is a hurdle irrespective of the socio-economic background of the survivor. Unaffordable rent conditions seem to be one of the major concerns for survivors, especially if they need to leave their home and find alternative accommodation. Furthermore, maintaining a job presented as one of the main challenges due to other pressing commitments related to the experienced violence such as court sittings, which are also often deferred. Survivors may encounter other barriers due to additional challenges such as immigration status, disability, mental health and advanced age. Such additional structural variables intersect to make the survivor's journey even more difficult.

Perpetrators presented as one of the major barriers to help-seeking behaviour because their manipulative and controlling behaviour makes it very difficult for the survivor to report and seek help. Perpetrators' 'charm' tends to deceive not just mutual friends but even professionals. This problem is exacerbated when perpetrators hold a high social status. Moreover, once the survivors manage to access the services and/or the judicial system, the perpetrators' seem to use these to institutionalise their control over them (including litigation abuse). Another means of control is parental alienation which is the result of psychological manipulation of a child (by the father) into showing unwarranted fear, disrespect or hostility towards a parent (in this case the mother).



Children seem to be the primary motivating factor for the survivor to leave an abusive relationship acting as 'push factors'. However, in other instances, children are the 'pull factors' impeding the survivor from moving away from the abusive situation.

While informal support may facilitate a survivor's process to access services and receive the necessary assistance, this study shows that there are instances where the non-involvement of an informal support network may be the better option.

Survivors report that they find effective help from the supportive system including public agencies and NGOs. However, survivors felt that they were not sufficiently informed about the available services, resources and their rights, which hindered them from seeking help. Psychosocial services are sometimes perceived as inaccessible, with participants in this study mentioning long waiting lists, limited or lack of placements in the emergency shelters and the issue of distance, particularly for Gozitan residents, as barriers.

Poor inter-agency collaboration (in some instances) and the lack of specialisation are considered service-related barriers. More effective and better-structured inter-agency collaboration, particularly between agencies that do not necessarily have the same ethos and/or come from different sectors is required. Moreover, there seems to be a lack of specialised services (such as an emergency shelter in Gozo), specialised professionals and professionals specifically trained on matters of gender-based violence against women.

Health services and schools were reported as serving as the first contact point for some survivors or their dependents. This study highlighted the importance of these professionals being better trained in dealing with such situations.

Survivors' re-victimisation through the justice system is a real concern. Survivors feel that the justice system is insensitive and inflexible. Moreover, perpetrators tend to use the justice system to institutionalise their control over the survivor.

Survivors and professionals highlighted the crucial role of the police in protecting the survivor, investigating the abuse, collecting evidence and prosecuting the perpetrator. The study results indicate some instances of the police being helpful and understanding, however, it seems that generally, the police are perceived as needing to increase their competence in dealing with such situations. Survivors and professionals further claimed that some police officers do not deal with domestic violence as ex-officio cases, as required by law.

The judiciary process is another source of re-victimisation for the survivor. The process is too lengthy and slow. While legal aid is generally helpful, survivors and professionals commented that good lawyers are expensive, unavailable and inaccessible. The fact that the court asks the survivor whether she wants to forgive the perpetrator puts the survivor in an awkward and possibly in a dangerous position. Judiciary members' sensitivity towards survivors and their situation is deemed essential.

Protection orders seem to be very difficult to enforce in practice. There seems to be no proper mechanism to implement and monitor such court orders. Moreover, the current legal provision does not provide for immediate barring orders. Survivors and professionals agree that it should be the perpetrator who leaves the house, not the survivor.

Mediation is still taking place even between two spouses with a clear history of domestic violence, and this seems to be the rule rather than the exception. The power imbalance between the perpetrator and the survivor means that mediation can never be experienced as an equal playing field.

## 5.2 RECOMMENDATIONS

PREVENTION	STAKEHOLDERS / POTENTIAL PROCESS OWNERS
<p>1. Concerted awareness campaigns should be held on a regular basis. These campaigns should sensitise target audiences on gender-based violence against women (including immigrants, persons with disabilities and older persons). Awareness campaigns should address the public in general, and children and adolescents in schools. Women at risk and survivors can be further empowered through targeted awareness campaigns informing them about different types of abuse (including emotional), available services and their rights. The related material should be available both in hard-copy and online (including social media and forums which normally target women).</p>	<ul style="list-style-type: none"> <li>• Ministry for European Affairs and Equality.</li> <li>• Ministry for Education and Employment.</li> <li>• Commission for Domestic Violence.</li> <li>• National Commission for the Promotion of Equality (NCPE).</li> <li>• Foundation for Social Welfare Services.</li> <li>• NGOs and social platforms such as Women for Women.</li> </ul>
<p>2. The media, civil society and the Catholic Church need to be more active agents in promoting equality and educating against gender-based violence against women.</p>	<ul style="list-style-type: none"> <li>• The Institute of Maltese Journalists.</li> <li>• The Maltese Episcopal Conference.</li> <li>• Human Rights Forums</li> </ul>
<p>3. Women who are still inactive in the labour market can be further empowered to access gainful employment, including through better access to accurate information on facilitating services such as childcare, thus not remaining financially dependent on their partner.</p>	<ul style="list-style-type: none"> <li>• Ministry for Education and Employment</li> <li>• Jobsplus</li> <li>• National Commission for the Promotion of Equality (NCPE).</li> </ul>
<p>4. Specialist training on gender-based violence against women (including domestic violence) should be offered to all professionals involved, including members of the judiciary, lawyers, police officers, mediators, probation and parole officers, educators, doctors, nurses, social workers, psychologists, psychiatrists and others. Specialist training will better equip professionals to deal with the survivors, the perpetrators and their dependents in an effective manner.</p>	<ul style="list-style-type: none"> <li>• Ministry for European Affairs and Equality. .</li> <li>• Ministry for the Family, Children’s Rights and Solidarity.</li> <li>• Ministry for Education and Employment.</li> <li>• Ministry for Home Affairs and National Security.</li> <li>• Ministry for Justice, Culture and Local Government.</li> <li>• Ministry for Health.</li> <li>• Commission on Domestic Violence.</li> </ul>

PROTECTION	STAKEHOLDERS / POTENTIAL PROCESS OWNERS
<p>5. A systematic programme is needed to eradicate the masculinist police culture which appears to currently dominate the police corp. Five measures are being recommended. The recruitment of more female police officers; giving heightened visibility to women in the police corps by assigning them more central roles as front-liners; promoting more female police officers to higher ranks; recruiting police officers (men and women) who are gender-sensitive and respect women; and finally, providing effective gender sensitivity training to all police officers including high ranking officials.</p>	<ul style="list-style-type: none"> <li>• Ministry for Home Affairs and National Security</li> <li>• The Police Corp</li> <li>• The Academy for Disciplined Forces</li> </ul>
<p>6. Police officers are to be provided with a handbook on violence against women including good practice examples and a clear and concise protocol laying out the procedure on how to deal with survivors of gender-based violence against women. An adapted and translated version of The United Nations Office on Drugs and Crime (UNODC) Handbook on Effective Police Responses to Violence against Women (2010) could be made available (with the required permissions) to all police officers.</p>	<ul style="list-style-type: none"> <li>• Ministry for Home Affairs and National Security</li> <li>• The Police Corp</li> <li>• The Academy for Disciplined Forces</li> </ul>
<p>7. A first-responding police officer who is trained on matters related to gender-based violence against women and in gender-sensitive interviewing skills, must be available round the clock to receive reports from survivors. Police stations should be equipped with proper interviewing facilities that safeguard the survivors' privacy.</p>	<ul style="list-style-type: none"> <li>• Ministry for Home Affairs and National Security</li> <li>• The Police Corp</li> </ul>
<p>8. Police officers should receive specialist training on effective investigations to allow them to effectively perform their crucial role in protecting the survivor, investigating the abuse, collecting evidence and prosecuting the perpetrator. Police should be better trained in conducting a victimless prosecution which does not heavily rely on the survivor's statement and only minimally involves the survivor in the due process. Internal monitoring and coaching from specialist police officers should further promote and encourage good practice within the police corp.</p>	<ul style="list-style-type: none"> <li>• Ministry for Home Affairs and National Security</li> <li>• The Police Corp (including the Victim Support Unit)</li> <li>• The Academy for Disciplined Forces</li> </ul>
<p>9. Survivors should always be offered the possibility to have the support of a female police officer at any time during the reporting and investigation process.</p>	<ul style="list-style-type: none"> <li>• Ministry for Home Affairs and National Security</li> <li>• The Police Corp</li> </ul>

<p>10.The law should provide for immediate emergency barring orders. It is the perpetrator who should have to leave the house, not the survivor.</p>	<ul style="list-style-type: none"> <li>• The Parliament</li> <li>• Ministry for European Affairs and Equality</li> </ul>
<p>11.Rape and sexual assault should be classified under ‘Crimes against the Person’ instead of ‘Crimes against the Peace and Honour of Families, and against Morals’.</p>	<ul style="list-style-type: none"> <li>• The Parliament</li> <li>• Ministry for European Affairs and Equality</li> </ul>
<p>12.Psychosocial Services should be readily available. Waiting lists for psychosocial services, including psychological services and lack of placement in emergency shelters should be addressed by increasing the available resources.</p>	<ul style="list-style-type: none"> <li>• Foundation for Social Welfare Services</li> <li>• Mental Health Services</li> </ul>
<p>13.In order to narrow the gap between service-availability and service-accessibility, there should be a central, accessible, online, user-friendly information system that provides information about all the services offered by public entities and NGOs in the social, health and educational sector. This system should clearly show the eligibility criteria of each service; it should be continually updated, maintained and properly disseminated.</p>	<ul style="list-style-type: none"> <li>• Ministry for the Family, Children’s Rights and Solidarity.</li> </ul>
<p>14.There should be a specialised emergency shelter in Gozo to increase accessibility for survivors who live on the island.</p>	<ul style="list-style-type: none"> <li>• Ministry for the Family, Children’s Rights and Social Solidarity.</li> <li>• Ministry for Gozo.</li> </ul>
<p>15.Mediation sessions between a couple with a history of domestic violence should be avoided. Mediators are to be well-equipped and trained in detecting such scenarios which are likely to result in power imbalance between the involved parties and could be dangerous for the survivor.</p>	<ul style="list-style-type: none"> <li>• Courts of Malta</li> </ul>

PROSECUTION	STAKEHOLDERS / POTENTIAL PROCESS OWNERS
<p>16. Professionals in the justice system are to be more survivor-centred in their approach to reduce the likelihood of further victimisation. On-going specialised training to such professionals is crucial to this effect.</p>	<ul style="list-style-type: none"> <li>• The Commission for the Administration of Justice</li> <li>• The Chief Justice</li> <li>• The Chamber of Advocates Malta</li> </ul>
<p>17. There should be a specialist court on gender-based violence against women and domestic violence. Such a court should be well-resourced to effectively tackle the current heavy caseload and ever-increasing demand. This measure is likely to expedite court proceedings.</p>	<ul style="list-style-type: none"> <li>• Ministry for Justice, Culture and Local Government</li> <li>• The Chief Justice</li> </ul>
<p>18. The legal aid advocate in the criminal proceedings (representing the perpetrator) should be appointed by the court before the first court sitting; this should make the procedure faster.</p>	<ul style="list-style-type: none"> <li>• The Ministry for Justice, Culture and Local Government</li> <li>• The Chief Justice</li> </ul>
<p>19. The right to use videoconferencing facilities in court must be further safeguarded. The judiciary members should be sensitised to the benefits for survivors and dependents in using such facilities during the proceedings; lawyers and police officers should request the use of such facilities more frequently.</p>	<ul style="list-style-type: none"> <li>• The Ministry for Justice, Culture and Local Government</li> <li>• The Commission for the Administration of Justice</li> <li>• The Chief Justice</li> <li>• Police Corp</li> <li>• The Chamber of Advocates Malta</li> </ul>
<p>20. It should not be possible for survivors to 'forgive' perpetrators in court, resulting in a stay of proceedings. The prosecution should be led by the police after collecting the necessary evidence, and the survivor should be minimally implicated throughout the proceedings.</p>	<ul style="list-style-type: none"> <li>• The Parliament.</li> <li>• The Ministry for Justice, Culture and Local Government.</li> </ul>
<p>21. Protection orders should be issued more often, and there should be a proper mechanism to monitor the enforcement of protection orders.</p>	<ul style="list-style-type: none"> <li>• Ministry for Justice, Culture and Local Government</li> </ul>

22. Contact between survivors and perpetrators throughout the judicial proceedings should be avoided as much as possible. Separate waiting areas for survivors and perpetrators should be provided at the law courts (criminal and civil). Moreover, a uniformed officer should be present during such proceedings to ensure the safety of the survivors.

- The Chief Justice
- The Director General (Courts)

23. The court should promote the increased use of corrective services for perpetrators such as Managing Aggressive Behaviour (MAB) Programmes so that the latter will not be able to refuse such services. These services should be court-mandated especially if the perpetrator and the survivor are still living together.

- The Chief Justice

INTEGRATED POLICY	STAKEHOLDERS / POTENTIAL PROCESS OWNERS
<p>24. Gender equality should be mainstreamed across policy areas to eradicate gender inequality and a culture of misogyny and promote a more equal and just society.</p>	<ul style="list-style-type: none"> <li>• Ministry for European Affairs and Equality.</li> <li>• Ministry for the Family, Children’s Rights and Solidarity.</li> <li>• Ministry for Education and Employment.</li> <li>• Ministry for Home Affairs and National Security</li> <li>• Ministry for Justice, Culture and Local Government.</li> <li>• Ministry for Health.</li> </ul>
<p>25. Effective protocols on inter-agency collaboration (including communication and training) should be in place. Training for professionals should also include workshops on such specialist protocols. An inter-ministerial committee can be set up to enhance and monitor effective inter-agency collaboration and the effective implementation of such protocols.</p>	<ul style="list-style-type: none"> <li>• Ministry for European Affairs and Equality.</li> <li>• Ministry for the Family, Children’s Rights and Solidarity.</li> <li>• Ministry for Education and Employment.</li> <li>• Ministry for Home Affairs and National Security</li> <li>• Ministry for Justice, Culture and Local Government.</li> <li>• Ministry for Health.</li> </ul>
<p>26. There should be a clear Memorandum of Understanding (MoU) between the emergency shelters and the Parliamentary Secretary for Persons with Disability and Active Ageing (Ministry for the Family, Children’s Rights and Social Solidarity), Aġenzija Sapport and the Agency for the Welfare of Asylum Seekers (AWAS) to accommodate survivors with particular needs and who require immediate protection at one of the emergency shelters and who might need to move on to other residences once their safety is guaranteed.</p>	<ul style="list-style-type: none"> <li>• Ministry for European Affairs and Equality</li> <li>• Ministry for the Family Children’s Rights and Social Solidarity</li> <li>• Ministry for Education and Employment</li> <li>• Ministry for Home Affairs and National Security</li> <li>• Ministry for Health</li> </ul>



27.If awareness campaigns are effective, the demand for professional services (particularly for state and NGO psychosocial and judicial services) is likely to increase thus exerting further pressure on the existing resources. Policy makers should work on a strategy of effective resource allocation and utilisation for the forthcoming five years including within the context of the population’s increase in number and/or diversity.

- Ministry for European Affairs and Equality
- Ministry for the Family, Children’s Rights and Social Solidarity
- Ministry for Education and Employment,
- Ministry for Health

FURTHER RESEARCH	STAKEHOLDERS / POTENTIAL PROCESS OWNERS
<p>28.Research, particularly prevalence studies, on gender-based violence against women should take place on a regular basis. A question on child witnesses should be included in prevalence studies in order to estimate the number of children affected by domestic violence</p>	<ul style="list-style-type: none"> <li>• Commission on Domestic Violence</li> <li>• University of Malta</li> <li>• Civil Society.</li> </ul>
<p>29.The concept of intersectionality should also be further researched in Malta. The additional challenges survivors face because of ethnicity, disability, old age and other structural oppressions (e.g. sexual orientation and gender identity) deserve special attention because they require watertight policies, specialist services and professional knowledge and skills.</p>	<ul style="list-style-type: none"> <li>• Commission on Domestic Violence</li> <li>• University of Malta,</li> <li>• Civil Society.</li> </ul>
<p>30.Further research into how perpetrators’ substance abuse may exacerbate matters for survivors should be explored.</p>	<ul style="list-style-type: none"> <li>• University of Malta,</li> <li>• Civil Society.</li> </ul>
<p>31.A study about the role of schools (and related services) in detecting violence and protecting survivors including women and child witnesses should take place.</p>	<ul style="list-style-type: none"> <li>• University of Malta,</li> <li>• Civil Society.</li> <li>• Commission on Domestic Violence</li> </ul>
<p>32.Issues such as FGM, trafficking and harassment, which did not emerge in this study, can be also further researched taking into consideration the previous studies on some of these issues.</p>	<ul style="list-style-type: none"> <li>• University of Malta,</li> <li>• Civil Society.</li> </ul>

## 5.3 CONCLUSION

The interviews and the focus groups carried out revealed references to the 'system' being in need of improvement and the above 32 recommendations suggest actions that can be taken to do just that. Although we do have an active civil society in the field, that has worked tirelessly over the years to improve the fate of survivors, at times the 'system' may appear bigger-than-us and unchangeable, resulting in a feeling of powerlessness, not only for survivors, but also for professionals, state and NGO alike. Empowerment of not only the survivors, but also the professionals, could lead to the realisation that we can all be powerful actors within the 'system'. By acknowledging that we are part of the 'system' and assuming the responsibility for our own actions or inactions, we are more likely to become agents of change. Having said that, we also require other actors in the 'system', such as politicians, parliament, ministries and the general public to equally acknowledge their responsibilities and act by fully assuming that responsibility, so that we can work together, in Full Cooperation, for a society where women and men are truly equal, with Zero Violence.

# REFERENCES

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- 2017 Report on Equality between men and women in the EU. (2017). European Commission. Retrieved from: [ec.europa.eu/newsroom/document.cfm?doc\\_id=43416](http://ec.europa.eu/newsroom/document.cfm?doc_id=43416) (last accessed on 23/12/17).
- Abela, A. (2016). Family Life. In M. Briguglio & M. Brown (Eds.), *Sociology of the Maltese Islands*, pp.17-46, Malta: Miller Publishing.
- Abela, A., Casha, C., Debono, M., & Lauri, M. A. (2015). Attitudes about Remarriage in Malta, *Journal of Divorce & Remarriage*, 56 (5), 369-387, doi: 10.1080/10502556.2015.1046799
- Affordable home loans for low income earners from APS Bank (April, 2017). Retrieved from: <https://www.apsbank.com.mt/en/news-details/318> (last accessed on 24/12/17).
- Allen, M. (2012). *Narrative therapy for women experiencing domestic violence: Supporting women's transitions from abuse to safety*. London: Jessica Kingsley.
- Attard, E. (2016). *Il-femicidju: Qtil ta' nisa f' Malta, 1800 – 2015*. San Ġwann: BDL.
- Bajada, R. (2012). *Nurses' knowledge and ability to cope with women who experienced domestic violence*. University of Malta. Unpublished dissertation.
- Bastin, B. (2011). *Structural violence, Malta: Gender issues, structural and cultural violence*. University of Malta. Unpublished dissertation.
- Berry, D. B. (2000). *The domestic violence sourcebook*. London: McGraw Hill.
- Bill no 14: *Gender-Based Violence and Domestic Violence Act, 2016*. Retrieved from: [Reservationshttps://meae.gov.mt/en/Public\\_Consultations/MSDC/Documents/2016%20-%20Tolleranza%20Zero/The%20Gender-Based%20Violence%20and%20Domestic%20Violence%20Act%20FOR%20CONSULTATION.pdf](https://meae.gov.mt/en/Public_Consultations/MSDC/Documents/2016%20-%20Tolleranza%20Zero/The%20Gender-Based%20Violence%20and%20Domestic%20Violence%20Act%20FOR%20CONSULTATION.pdf) (last accessed 29/12/17)
- Blueprint of the Council of Europe Campaign to Combat Violence against Women, including Domestic Violence* prepared by the Task Force to Combat Violence against Women, including domestic violence (EGTFV) (2006). Council of Europe.
- Boissevain, J. (1993). *Saints and Fireworks: Religion and politics in rural Malta*. Valletta (2<sup>nd</sup> Ed.). Progress Press.
- Bonnici, J. (2015). *Regulating female genital 'mutilation' in Malta*. University of Malta. Unpublished dissertation.
- Bonnici, J. (2017, August 20). Malta issuing international arrest warrant for man involved in forced abortion. *Malta Independent*. Retrieved from: <http://www.independent.com.mt/articles/2017-08-20/local-news/Malta-issuing-International-Arrest-Warrant-for-man-involved-in-forced-abortion-6736178012> (last accessed on 30/12/17)
- Borg, E. (2010). *Lack of consent: A constitutive element of the offence of rape*. Unpublished dissertation. University of Malta.

- Briones-Vozmediano, E., La Parra, D., Vives-Cases, C. (2014). Barriers and facilitators to effective coverage of Intimate Partner Violence services for immigrant women in Spain. *Health Expectations*, 18, 2994-3006.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. London: Harvard University.
- Brownridge, D. A. (2009). *Violence against women: Vulnerable populations*. London: Routledge.
- Bryant, A., & Charmaz, K. (2007). Introduction – Grounded theory research: Methods and Practices. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory*, pp. 1 – 28. London: Sage.
- Bryman, A. (2008). *Social research methods* (3<sup>rd</sup> ed.). Oxford: Oxford University.
- Campbell, E. (2017). How domestic violence batterers use custody proceedings in family courts to abuse victims, and how courts can put a stop to it. *UCLA Women's Law Journal*, 24 (1), 41 – 66. Retrieved from: <https://escholarship.org/uc/item/31z272j1> (last accessed on 30/12/17).
- Casey, E. A., Carlson, J., Fraguera-Rios, C., Kimball, E., Neugut, T. B., Tolman, R. M., & Edleson, J. L. (2012). Context, challenges, and tensions in global efforts to engage men in the prevention of violence against women. *Men and Masculinities*, 16 (2), 228-251. doi:10.1177/1097184X12472336.
- CEDAW Committee (2015). *General recommendation on women's access to justice* (C/GC/33). Retrieved from: [http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1\\_Global/CEDAW\\_C\\_GC\\_33\\_7767\\_E.pdf](http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_33_7767_E.pdf) (last accessed on 24/12/17).
- CEDAW Committee (2010). *Consideration of reports submitted by States parties under article 18 of the Convention: Concluding observations of the Committee on the Elimination of Discrimination against Women (Malta)* (C/MLT/CO/4). Retrieved from: <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-MLT-CO-4.pdf> (last accessed on 27/12/17).
- CEDAW Committee (2004). *Committee on the Elimination of Discrimination against Women Thirty-first session*. Retrieved from: <file:///C:/Users/Saliba/Desktop/additional%20literature/CEDAW%202004.pdf> (last accessed on: 27/12/17).
- Choudhry, S. (2016). Towards a transformative conceptualisation of violence against women - A critical frame analysis of council of Europe discourse on violence against women. *Modern Law Review*, 79 (3), 406-441. doi:10.1111/1468-2230.12190
- Clark, M. (2012), Shaming and community reactions to offending in a Mediterranean society: a Maltese case study, *Journal of Mediterranean Studies*, 21(1),
- Clark, M. (2015). *The gender dimension of non-medical use of prescription drugs in Europe and the Mediterranean region*. Council of Europe.
- Clarke, A. E., & Friese, C. (2007). Grounded theorizing using situational analysis. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory*, pp. 363 – 397. London: Sage.
- Colin, R., & McCartan, K. (2016). *Real world research* (4<sup>th</sup> ed.). London: Wiley.
- Commission on Domestic Violence. (2011). *Nationwide research study on the prevalence of domestic violence against women in Malta and its impact on their employment prospects*. Malta: Commission on Domestic Violence. Retrieved from: [https://fsws.gov.mt/en/fsws/Documents/Research/National%20Reports%20-%20Others/commission\\_dv\\_nationwide\\_research\\_study\\_\\_prevalance\\_impact\\_employment\\_prospects.pdf](https://fsws.gov.mt/en/fsws/Documents/Research/National%20Reports%20-%20Others/commission_dv_nationwide_research_study__prevalance_impact_employment_prospects.pdf) (last accessed: 31/12/17).

- Committee on the elimination of discrimination against women (47<sup>th</sup> session) (2010). Retrieved from <http://www2.ohchr.org/english/bodies/cedaw/docs/co/CEDAW-C-MLT-CO-4.pdf> (last accessed on: 21/04/17).
- Compagno, E. (2016). *Phoenix rising: Starting over after domestic violence*. Malta: St. Jean Antide Foundation.
- Corrigan, P. M., Mueser, K. T., Bond, G. R., Drake, R. E., & Solomon, P. (2008). *Principles and practice of psychiatric rehabilitation: An empirical approach*. New York: The Guildford.
- Council of Europe convention on prevention and combating of violence against women and domestic violence (Ratification) Act (2014). Retrieved from: <http://justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=25956&l=1> (last accessed on: 21/04/17).
- Crawford, K. (2012). *Interprofessional collaboration in social work practice*. London: Sage.
- Criminal Code (Chap 9 of the Laws of Malta). Retrieved from: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8574> (last accessed on: 31/12/17).
- Debono, D. G. (2017). *The impact of shaming on the reintegrative process of male problem drug user*. Unpublished dissertation. University of Malta.
- Debono, J. (2013, November 18). *MaltaToday survey: Majority favour 'civil unions' but not gay adoption*. Retrieved from:  
[http://www.maltatoday.com.mt/news/data\\_and\\_surveys/31546/majority-favour-civil-unions-but-not-gay-adoption-20131117#.WQN\\_EIVOLIU](http://www.maltatoday.com.mt/news/data_and_surveys/31546/majority-favour-civil-unions-but-not-gay-adoption-20131117#.WQN_EIVOLIU) (Last accessed on: 30/12/17).
- Debono, J. (2016, March 27). *MaltaToday survey: 'We are not Charlie' – the Maltese polled on religion, values and ethics*. *Malta Today Newspaper*. Malta. Retrieved from: [http://www.maltatoday.com.mt/news/data\\_and\\_surveys/63493/religion\\_2016#.Wkek3ExFzIU](http://www.maltatoday.com.mt/news/data_and_surveys/63493/religion_2016#.Wkek3ExFzIU) (last accessed on: 30/12/17).
- Debono, J. (2017, April 16). *MaltaToday survey: Maltese split on teaching of Islam in state schools*. Retrieved from: [http://www.maltatoday.com.mt/news/data\\_and\\_surveys/76301/survey\\_\\_maltese\\_split\\_on\\_teaching\\_of\\_islam\\_in\\_state\\_schools#.WQLq1IVOLIV](http://www.maltatoday.com.mt/news/data_and_surveys/76301/survey__maltese_split_on_teaching_of_islam_in_state_schools#.WQLq1IVOLIV) (last accessed on 30/12/17)
- Delfuono, A. (1995). *Domestic violence for beginners*. New York: Writers and Readers.
- Degabriele, A. M. (2016). *The emergency contraception: A way forward in Malta?* Unpublished dissertation. University of Malta.
- Dichter, M. E., & Gelles, R. J. (2012). Women's perceptions of safety and risk following police intervention for intimate partner violence. *Violence against women*, 18 (1), 44 – 63. doi: 10.1177/1077801212437016
- Domestic Violence Act (Chap 481 of the Laws of Malta) 2006. Retrieved from: <http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lom&itemid=8947&l=1> (last accessed on: 31/12/17).
- Eastal, P., Bartels, L., & Bradford, S. (2012). Language, gender and 'reality': Violence against women. *International journal of law, crime and justice*, 40 (4), 324-337.
- Ellsberg, M., & Emmelin, M. (2014). *Intimate partner violence and mental health*. Retrieved from: <http://www.tandfonline.com/action/doSearch?AllField=ellsberg&SeriesKey=zgha20> (last accessed on 23/12/17).
- Elman, R. A. (2013). Gender violence. In G. Waylen, K. Celis, J. Kantola & S. L. Weldon (Eds.), *The oxford handbook of gender and politics*, pp. 236-258. Oxford: Oxford University.
- Employment and Training Corporation (n.d.). *Making work pay for mothers: Free childcare for working*

parents. Retrieved from: <http://webcache.googleusercontent.com/search?q=cache:tLGdh13XZ6wJ:ec.europa.eu/social/BlobServlet%3FdocId%3D14040%26langId%3Den+&cd=2&hl=en&ct=clnk&gl=mt> (Last accessed on 23/12/17)

*Encouraging the participation of the private sector and the media in the prevention of violence against women and domestic violence: Article 17 of the Istanbul Convention - A collection of papers on the Council of Europe Convention on preventing and combating violence against women and domestic violence.* (2016). Council of Europe. Retrieved from: <https://edoc.coe.int/en/violence-against-women/6804-encouraging-the-participation-of-the-private-sector-and-the-media-in-the-prevention-of-violence-against-women-and-domestic-violence-article-17-of-the-istanbul-convention.html> (last accessed on: 30/12/17).

European Commission. (2016). *Special eurobarometer 449 - gender-based violence*. Brussels: European Commission. Retrieved from: <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/.../75837> (last accessed on 30/12/17).

European Institute for Gender Equality (2016). *Malta is almost halfway to gender equality*. Retrieved from: <http://eige.europa.eu/news-and-events/news/malta-almost-halfway-gender-equality> (last accessed on: 28/04/17).

*European Semester: Thematic factsheet – Women in the labour market – 2017*. Retrieved from: [https://ec.europa.eu/info/sites/info/files/european-semester\\_thematic-factsheet\\_labour-force-participation-women\\_en.pdf](https://ec.europa.eu/info/sites/info/files/european-semester_thematic-factsheet_labour-force-participation-women_en.pdf) (last accessed on 30/12/17).

European Union Parliament Recommendation (2014). *Recommendations to the Commission on combating Violence Against Women (A7-0075/2014)*. European Parliament. Retrieved from: <http://www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+REPORT+A7-2014-0075+0+DOC+XML+V0//EN> (last accessed on 30/12/17).

Eurostat (2016). *Residence permits statistics (2015)*. Retrieved from [http://ec.europa.eu/eurostat/statistics-explained/index.php/Residence\\_permits\\_statistics](http://ec.europa.eu/eurostat/statistics-explained/index.php/Residence_permits_statistics) (last accessed on 21/04/17).

ESF 3.43: Dignity for Domestic Violence Survivors. Retrieved on: <https://investinginyourfuture.gov.mt/project/equal-opportunities/dignity-for-domestic-violence-survivors-33947756> (last accessed on 28/12/17).

Explanatory Report. (2011). Explanatory report to the council of Europe convention on preventing and combating violence against women and domestic violence. (2011). Council of Europe. Retrieved from: <https://rm.coe.int/16800d383a> (last accessed on 30/12/17).

Flick, U. (2014). *An introduction to qualitative research* (5<sup>th</sup> ed.). London: Sage.

Formosa, S. (2017). *CrimeMalta annual crime review (Year 2016)*. Retrieved from [http://www.crimemalta.com/documents/CrimeMalta\\_Annual\\_Report\\_SF\\_2016.pdf](http://www.crimemalta.com/documents/CrimeMalta_Annual_Report_SF_2016.pdf) (last accessed on 07/04/17).

Galea, K. (2015). Attitudes towards rape victims among university students in Malta: A quantitative study. Unpublished dissertation. University of Malta.

Garcia-Moreno, C., & Pallitto, C. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from: Geneva: World Health Organisation. [http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf) (last accessed on: 30/12/17).

Gill, A. K. (2013). Intersecting inequalities: Implications for addressing violence against black and minority ethnic women in the United Kingdom. In N. Lombard, & L. McMillan (Eds.), *Violence against women:*



- Current theory and practice in domestic abuse, sexual violence and exploitation*, pp. 141 - 158. London: Jessica Kingsley.
- Glicken, M. D. (2006). *Learning from resilient people: lessons we can apply to counselling and psychotherapy*. London: Sage Publications.
- Grech, M. (2017). *Il-pjaga tal-vjolenza domestika: Ittra pastorali tal-isqof Mario Grech*. Retrieved from: <http://gozodiocese.org/2017/11/25/il-pjaga-tal-vjolenza-domestika-ittra-pastorali-tal-isqof-mario-grech/> (last accessed on 23/12/17).
- Hague, G., Harvey, A., & Willis, K. (2012). *Understanding adult survivors of domestic violence in childhood: Still forgotten, still hurting*. London: Jessica Kingsley.
- Harsey, S. J., Zurbriggen, E. L., & Freyd, J. J. (2017). Perpetrator Responses to Victim Confrontation: DARVO and Victim Self-Blame. *Journal of aggression, maltreatment & trauma*, 26(6), 644-663, doi: 10.1080/10926771.2017.1320777
- Haylock, L., Cornelius, R., Malunga, A., & Mbandazayo, K. (2016). Shifting negative social norms rooted in unequal gender and power relationships to prevent violence against women and girls. *Gender and development*, 24 (2), 231-244. doi:10.1080/13552074.2016.1194020
- Heath, N. M., Lynch, S. M., Fritch, A. M., McArthur, L. N., & Smith, S. L. (2011). Silent survivors. *Psychology of Women Quarterly*, 35 (4), 596-610. doi:10.1177/0361684311407870
- Hester, M., Pearson, C., & Harwin, N. (2007). *Making an impact: Children and domestic violence*. London: Jessica Kingsley.
- Holton, J. A. (2007). The coding process and its challenges. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory* (pp. 265 – 290). London: Sage.
- International Commission of Jurists. (2016). *Women's access to justice for gender-based violence: A practitioners' guide*. Geneva: . Retrieved from: <https://www.icj.org/wp-content/uploads/2016/03/Universal-Womens-accesss-to-justice-Publications-Practitioners-Guide-Series-2016-ENG.pdf>
- Istanbul Convention (2011). *Convention on preventing and combating violence against women and domestic violence*. Council of Europe. Retrieved from: <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e> (last accessed on 30/12/17).
- James, R. A. (2016). *Account-Making by Victims of Intimate Partner Violence (IPV)*. Open Access Master's Theses. Paper 871. Retrieved from: <http://digitalcommons.uri.edu/theses/871> (last accessed on: 23/12/17)
- Jasinski, J. L. (2001). Theoretical explanations for violence against women. In C. M. Renzetti, J. L. Edleson & R. Kennedy Bergen (Eds.), *Sourcebook on violence against women* (pp. 5-22). London: Sage Publications.
- Jesuit Refugee Service Malta. ((n.d.)). *Try to understand: Outcomes of a project on sexual and gender-based violence among immigrants*. Malta: Jesuit Refugee Service Malta. Retrieved from: <http://jrsmalta.jesuit.org.mt/wp-content/uploads/downloads/2011/02/TryToUnderstand.pdf> (last accessed on 30/12/17).
- Johnson, L. C., & Yanca, S. (2015). *Social work practice: A generalist approach*. (10th ed.). Tamil Nadu: Pearson.
- Karakurt, G., Smith, D. & Whiting, J (2014). Impact of intimate partner violence on women's mental health. *Journal of family violence*. 29, 693–702. doi: 10.1007/s10896-014-9633-2



- Kelle, U. (2007). The development of categories: Different approaches in grounded theory. In A. Bryant & K. Charmaz (Eds.), *The Sage handbook of grounded theory* (pp. 191 – 213). London: Sage.
- Kennedy Dugan, M., & Hock, R. R. (2006). *It's my life now: Starting over after an abusive relationship or domestic violence*. London: Routledge.
- Kenschaft, L., Clark, R., & Ciambone, D. (2016). *Gender inequality in our changing world: A comparative approach*. London: Routledge.
- Laing, L. (2017). Secondary victimization: Domestic violence survivors navigating the family law system. *Violence against women*, 23 (11), 1314 – 1335. doi: 10.1177/1077801216659942
- Launius, C., & Hassel, H. (2015). *Threshold concepts in women's and gender studies: Ways of seeing, thinking and knowing*. New York: Routledge.
- Legal Aid Malta. Available at: <https://justice.gov.mt/en/legalaidmalta/Pages/assessment.aspx> (last accessed on 24/12/17).
- Lidzy, S. D. (2005). Gender role expectations of students at a Christian university: Cultural notions of masculinity and femininity. *Christian higher education*, 4 (4), 317-332. doi: 10.1080/15363750500182638
- Lockwood, D., & Prohaska, A. (2015). Police Officer Gender and Attitudes toward Intimate Partner Violence: How policy can eliminate stereotypes. *International Journal of Criminal Justice Sciences*, 10 (1), 77 – 90.
- Logar, R., & Marvánová Vargová, B. (2015). *Effective Multi-agency Co-operation for Preventing and Combating Domestic Violence: Training of Trainers Manual*. Council of Europe. Retrieved from: [http://files.wave-network.org/trainingmanuals/Effective\\_Multi\\_Agency\\_Cooperation\\_2015.pdf](http://files.wave-network.org/trainingmanuals/Effective_Multi_Agency_Cooperation_2015.pdf) (last accessed on: 24/12/17).
- Lombard, N., & McMillan, L. (2013). Introduction. In N. Lombard, & L. McMillan (Eds.), *Violence against women: Current theory and practice in domestic abuse, sexual violence and exploitation* (pp. 7 - 15). London: Jessica Kingsley.
- Lombard, N., & Scott, M. (2013). Older women and domestic abuse: Where ageism and sexism intersect. In N. Lombard, & L. McMillan (Eds.), *Violence against women: Current theory and practice in domestic abuse, sexual violence and exploitation*. (pp. 125-140). London: Jessica Kingsley.
- Maconochie, N., Doyle, P., Prior, S., & Simmons, R. (2007). Risk factors for first trimester miscarriage — results from a UK-population-based case–control study. *An International Journal of Obstetrics & Gynaecology*, 114, 170–186.
- Mahoney, P., Williams, L. M., & West, C. M. (2001). Violence against women by intimate relationship partners. In C. M. Renzetti, J. L. Edleson & R. Kennedy Bergen (Eds.), *Sourcebook on violence against women* (pp. 143 - 178). London: Sage Publications.
- Mangion, M. (2016). *The hidden voices of domestic violence: An exploration of the subjective reality of female domestic violence survivors who never accessed the welfare services available*. University of Malta, Unpublished Dissertation.
- Mateliūnaitė, K. (2014). *Persecution under gender-based ground in asylum law*. University of Malta; Unpublished dissertation.

- Matheson, F. I., Daoud, D., Hamilton-Wright, S., Borenstein, H., Pedersen, C. P., & O'Campo, P. (2015). Where did she go? The transformation of self-esteem, self-identity, and mental well-being among women who have experienced intimate partner violence. *Women's health issues*, 25 (5). 561–569. Retrieved from: <http://dx.doi.org/10.1016/j.whi.2015.04.006>
- McMillan, L. (2013). Sexual victimisation: Disclosure, responses and impact. In N. Lombard, & L. McMillan (Eds.), *Violence against women: Current theory and practice in domestic abuse, sexual violence and exploitation* (pp. 71 - 86). London: Jessica Kingsley.
- Morris, K. (2008), *Social work and multi-agency working: Making a difference*. Bristol, UK. The Policy Press.
- National Audit Office. (2015). *Performance audit: Tackling domestic violence*. Malta: National Audit Office. Retrieved from: <https://www.um.edu.mt/library/oar/bitstream/handle/123456789/11762/Domestic%20Violence%20July%202015.pdf?sequence=1&isAllowed=y> (last accessed on: 30/12/17)
- National Commission for the Promotion of Equality. (2015). *Female genital mutilation in Malta: A research study*. Malta: National Commission for the Promotion of Equality. Retrieved from: [http://www.pfcmalta.org/uploads/1/2/1/7/12174934/report\\_-\\_fgm.pdf](http://www.pfcmalta.org/uploads/1/2/1/7/12174934/report_-_fgm.pdf) (last accessed on: 30/12/17).
- Naudi, M. (2004). Gender Mainstreaming in the Public Employment Service – Statements and Comments, Malta, In: *Final Report on Gender Mainstreaming in the Public Employment Service European Commission – DG Employment and Social Affairs – Peer Review Programme of the European Employment Strategy*, Copenhagen, October 25-26, 2004, 80-89. Retrieved from: [http://pdf.mutual-learning-employment.net/pdf/denmark%2004/mt\\_naudi%20-%20dk%2004.pdf](http://pdf.mutual-learning-employment.net/pdf/denmark%2004/mt_naudi%20-%20dk%2004.pdf) (last accessed on: 30/12/17).
- Naudi, M. (2014). *Prevention*. Paper presented at Safe from fear, safe from violence: Celebrating the entry into force of the Istanbul Convention. Conference in Rome (19th September 2014), co-organised by the Council of Europe, the Italian Ministry of Foreign Affairs and the Italian Chamber of Deputies
- Naudi, M. (2015). *Domestic violence services in Malta*. Unpublished manuscript.
- Nolen-Hoeksema, S., Barbara, L. F., Loftus, G. R., Wagenaar, W. A. (2009). *Atkinson & Hilgard's Introduction to psychology* (15th Ed.). United Kingdom: Wadsworth.
- Orth, U. (2002). Secondary victimization of crime victims by criminal proceedings. *Social justice research*, 15, 4, 313 – 325. doi: 0885-7466/02/1200-0313/0
- Overstreet, N. M., & Quinn, D. M. (2013). The Intimate Partner Violence Stigmatization Model and Barriers to Help-Seeking. *Basic Appl Soc Psych*, 35(1), 109–122. doi:10.1080/01973533.2012.746599
- Pais, P. (2014). *Challenging the Efficacy of Ex officio Prosecution of Domestic Violence Offenses: A Comparative Analysis*. Retrieved from: [https://www.researchgate.net/publication/272354601\\_Challenging\\_the\\_Efficacy\\_of\\_Ex\\_officio\\_Prosecution\\_of\\_Domestic\\_Violence\\_Offenses\\_A\\_Comparative\\_Analysis](https://www.researchgate.net/publication/272354601_Challenging_the_Efficacy_of_Ex_officio_Prosecution_of_Domestic_Violence_Offenses_A_Comparative_Analysis) [last accessed on 29/12/17).
- Robson, C., & McCartan, K. (2016). *Real world research* (4<sup>th</sup> ed). London: Wiley.
- Rizo, C. F., & Macy, R. J. (2011). Help seeking and barriers of Hispanic partner violence survivors: A systematic review of the literature. *Aggression and Violent Behavior*, 16, 250–264. doi:10.1016/j.avb.2011.03.004
- Ross, C., & Moore, S. (2014). Utilising Biographical Narrative Interpretive Methods: rich perspectives on union learning journeys and learner motivations. *Journal of Education and Work*, 29:4, 450-469. doi: 10.1080/13639080.2014.978273

- Sabina, C., los A. Cuevas, C. A., & Lannen, E. (2014). The likelihood of Latino women to seek help in response to interpersonal victimization: An examination of individual, interpersonal and sociocultural influences. *Psychosocial intervention*, 23, 95-103. doi: <http://dx.doi.org/10.1016/j.psi.2014.07.005>
- Said Giovannelli, T., & Jackson, L. (2013) Sexual violence perceptions among Christian college students, *Mental Health, Religion & Culture*, 16:3, 254-272, doi: 10.1080/13674676.2012.657618
- Saliba, G. (2012). Domestic violence: A multi-professional challenge. Unpublished dissertation, University of Malta.
- Sammut Scerri, C. (2015). *Living With Contradictions of Love and Violence: A Grounded Theory Study of Women's Understanding of Their Childhood Experiences of Domestic Violence*. Unpublished doctoral dissertation, University of Surrey. Retrieved from: <http://epubs.surrey.ac.uk/808879/1/CSS%20PHD%20Post%20Viva%2027th%20August.pdf> (last accessed on 07/04/15).
- Scicluna, S., Azzopardi, J., Formosa Pace J., & Formosa, S (2015). Crime victimisation survey. In J. Formosa Pace, S. Formosa, J. Azzopardi, T. Calafato, S. Calafato Testa, P. Caruana, C. Cuschieri, B. Darmanin., D. Gauci, O. Lewis, & S. Scicluna (Authors.), *SeCollege: Researching the potential for the establishment of a secure college in the Maltese islands* (pp. 71- 97). Malta: University of Malta.
- Szymanski, D. M., Gupta, A., Carr, E. R., & Stewart, D. (2009). Internalized Misogyny as a Moderator of the Link between Sexist Events and Women's Psychological Distress. *Sex Roles*, 61, 101–109. doi: 10.1007/s11199-009-9611-y
- Tabone, C. (1995). *Maltese families in transition: A sociological investigation*. Malta: Ministry for Social Development.
- Tabone, K. (2010). *Kick her while she's down: An exploration of rape myth acceptance amongst the university of Malta student body*. University of Malta. Unpublished dissertation.
- Tanahashi, T. (1978). Health service coverage and its evaluation. *Bulletin of the World Health Organization*, 56 (2), 295-303.
- The European Union Agency for Fundamental Rights. (2014). *Violence against women: An EU-wide survey - main results*. Vienna: Austria: The European Union Agency for Fundamental Rights. Retrieved from: [https://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results\\_en.pdf](https://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results_en.pdf) (last accessed on: 30/12/17).
- Times of Malta (2017, October 12). 680 new apartments as waiting list for social housing exceeds 3,200: St Paul's Bay has over 220. Retrieved from: <https://www.timesofmalta.com/articles/view/20171012/local/680-new-apartments-as-waiting-list-for-social-housing-exceeds-3200.660235> (last accessed on 23/12/17).
- 2017 Report on Equality between men and women in the EU. (2017). European Commission. Retrieved from: [ec.europa.eu/newsroom/document.cfm?doc\\_id=43416](http://ec.europa.eu/newsroom/document.cfm?doc_id=43416) (last accessed on 23/12/17).
- Tyagi, S. V. (2006). Female Counselors and Male Perpetrators of Violence Against Women, *Women & Therapy*, 29:1-2, 1-22, doi: 10.1300/J015v29n01\_01
- Unicef (2006). *Behind closed doors: The impact of domestic violence on children*. New York: Unicef. Retrieved from on: <https://www.unicef.org/media/files/BehindClosedDoors.pdf> (last accessed on 30/03/17)
- United Nation Office of the Human Rights Commissioner. (n.d.) *Launch of CEDAW General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19*. Retrieved

from: <http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/GR35.aspx> (last accessed on 07/01/18).

United Nations Office on Drugs and Crime (2010). *Handbook on Effective police responses to violence against women: Criminal Justice Handbook series*. New York: United Nations. Retrieved from: [https://www.unodc.org/documents/justice-and-prison-reform/Handbook\\_on\\_Effective\\_police\\_responses\\_to\\_violence\\_against\\_women\\_English.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Handbook_on_Effective_police_responses_to_violence_against_women_English.pdf) (last accessed on: 24/12/17).

United Nations. (2006). *Ending violence against women: From words to action: Study of the secretary-general* United Nations. Retrieved from: [http://www.un.org/womenwatch/daw/public/VAW\\_Study/VAWstudyE.pdf](http://www.un.org/womenwatch/daw/public/VAW_Study/VAWstudyE.pdf) (last accessed on 29/03/17).

University of Malta (n.d.). *DG Justice, Freedom & Security*. Retrieved from: <https://www.um.edu.mt/finance/projectsupport/search/fundingprog/dgjusticefreedomsecurity> (last accessed on 14/01/18).

Vakili Zad, C. (2013). Domestic violence and the feminization of homelessness in Malta: A critical perspective. *Journal of Contemporary European Studies*, 21(4), 541-562. doi:10.1080/14782804.2013.865382.

Vanaelst, B., De Vriendt, T., Ahrens, W., Bammann, K., Hadjigeorgiou, C., Konstabel, K., Lissner, L., Michels, N., Molnar, D., Moreno, L. A., Reisch, L., Siani, A., Sioen, I., De Henauw, S. (2012). Prevalence of psychosomatic and emotional symptoms in European school-aged children and its relationship with childhood adversities: results from the IDEFICS study. *Eur Child Adolesc Psychiatry*, 21, 253 – 265. doi 10.1007/s00787-012-0258-9

Vella, S. (2015). *Economically inactive mothers and the use of free child care services in Malta*. Unpublished dissertation. University of Malta.

*Victim Support Malta*. Retrieved from <http://www.victimsupport.org.mt> (last accessed on 21/04/17).

Weidman, A. (2003). Beyond Honor and Shame: Performing Gender in the Mediterranean. *Anthropological Quarterly*, 76 (3), 519-530. Available at: <http://www.jstor.org/stable/3318189> (last accessed on: 30/12/17).

Weldon, S. L., & Htun, M. (2013). Feminist mobilisation and progressive policy change: Why governments take action to combat violence against women. *Gender & Development*, 21(2), 231-247. doi:10.1080/13552074.2013.802158

Wengraf, T. (2001). *Qualitative research interviewing*. London: Sage Publications.

*Women's Rights Foundation*. Available at: <http://www.wrf.org.mt> (last accessed on 21/04/17).

World Health Organisation. (2013). *Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines*. Geneva: World Health Organisation. Retrieved from: [http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf). (last accessed on: 30/12/17).

Xiberras, F. (2016). *Uncovering gender differences in violence between intimate partners: The police inspectors' perspective*. University of Malta, unpublished long essay.

# APPENDICES

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Appendix A – Recruitment letter (survivors – 1:1 interview)

Appendix B – Recruitment letter (professionals – 1:1 interview)

Appendix C – Consent Form (survivors – 1:1 interview)

Appendix D – Interview Guide (including Pre/Post-interview Guide)

## **All letters, forms and guides used throughout the research project<sup>15</sup>**

Doc 1/EN – Recruitment letter – VAW survivors – 1:1 interview

Doc 1/MT – Invit għall-Parteċipazzjoni – (VAW survivors) 1:1 intervista

Doc 2/EN – Recruitment letter – VAW survivors – Focus Group

Doc 2/MT – Invit għall-Parteċipazzjoni – Grupp ta' Diskussjoni

Doc 3/EN – Recruitment letter – Professionals – 1:1 interview

Doc 3/MT – Invit għall-Parteċipazzjoni – Professjonisti - 1:1 intervista

Doc 4/EN – Recruitment letter – Professionals – Focus Group

Doc 4/MT – Invit għall-Parteċipazzjoni – Professjonisti – Grupp ta' Diskussjoni

Doc 5/EN – Consent form – 1:1 interview (VAW Survivors)

Doc 5/MT – Formola tal-kunsens – Intervista Individwali (VAW Survivors)

Doc 6/EN – Consent Form – Focus Group (VAW Survivors)

Doc 6/MT – Formola tal-kunsens – Grupp ta' Diskussjoni

Doc 7/EN – Consent form – 1:1 interview (Service Providers)

Doc 7/MT – Formola tal-Kunsens – Intervista Individwali (Fornitur tas-Servizzi)

Doc 8/EN – Consent Form – Focus Group (Service Providers)

Doc 8/MT – Formola tal-kunsens – Grupp ta' Diskussjoni (Fornitur tas-Servizzi)

Doc 9/EN – Interview/Focus Group Guide for survivors (including Pre/Post-Interview/focus group Guide)

Doc 9/MT – Gwida għall-intervista u grupp ta' diskussjoni (inkluzi l-interventi ta' qabel u wara)

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<sup>15</sup> Due to space limitation, only the following forms are being included in the appendices section: Doc 1, 3, 5 & 9 (EN).

## APPENDIX A

### Recruitment letter (survivors – 1:1 interview)

15<sup>th</sup> February 2017

Hello,

We are Marceline Naudi and Marilyn Clark, two lecturers at the University, and we are carrying out a study on Violence against Women in Malta and Gozo. This is part of a larger project which is getting money from Europe. What we want to do is better understand the problems that you face when you look for help. What we find will be included in training for the people that work in the services that offer help and support. It will also help the agencies, like the police, the social workers, the shelters and others work better together. What we find will also go into a campaign to give information to the public which will help other women come to seek help.

We would be very pleased if you can help us by taking part in this study. Your involvement will be a one-to-one interview that will be around one hour long. We will be very careful to make sure your identity will remain secret and your safety will not be at risk. Your participation in this research is voluntary and you may withdraw your participation at any time throughout the study (until one week after the interview).

Should you wish to participate in this research or acquire further information, kindly contact Mr Holger Saliba on [holger.saliba@um.edu.mt](mailto:holger.saliba@um.edu.mt) or call him on \*\*\*\*\*

Yours Sincerely,

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Dr Marceline Naudi

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Prof Marilyn Clark

## APPENDIX B

### Recruitment letter (professionals – 1:1 interview)

15th February 2017

Dear Sir/Madam,

A research study is being conducted to investigate Violence against Women and Gender-Based Violence in Malta and Gozo. The research is being carried out by the University of Malta and is part of a national project entitled 'Full Cooperation Zero Violence' under the Rights, Equality and Citizenship Programme.

The main objective of the study is to gain a better understanding of the stumbling blocks being faced by victims when seeking help at the various services and by professionals when delivering a service to the survivors. The research findings will provide the main themes to be addressed in the establishment of policies, procedures and protocols, a training programme for professionals and an awareness raising campaign for the general public.

I would like to invite you to participate in this study. Your involvement would entail your participation in a one-to-one interview that is envisaged to be around one hour long. The necessary precautions to preserve your anonymity and confidentiality will be undertaken. Your participation in this research is voluntary and you may opt-out from participating at any time throughout the research study (until one week after the interview).

Should you wish to participate in this research or acquire further information, kindly contact Mr Holger Saliba on [holger.saliba@um.edu.mt](mailto:holger.saliba@um.edu.mt) or call him on \*\*\*\*\*.

Yours Sincerely,

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Dr Marceline Naudi  
Department of Gender Studies  
Faculty for Social Wellbeing

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Prof Marilyn Clark  
Department of Psychology  
Faculty for Social Wellbeing



## APPENDIX C

### Consent Form (survivors – 1:1 interview)

Date \_\_\_\_\_,

### Consent form (one-to-one interview)

I, \_\_\_\_\_, the undersigned, accept to participate in this study that is being conducted by the University of Malta as part of the project 'Full Cooperation Zero Violence'. I understand that the purpose of this study is to better understand the problems that women face when they look for help.

I understand and confirm that I am taking part in this study because I want to. I am aware that I have the right to withdraw my participation at any time during the study (until one week after the interview). I am aware and accept that the one-to-one interview will be audio recorded. The recording of the session will remain the property of the University of Malta and will be kept safely. I also understand that my identity will not be disclosed and the information I share will be safeguarded throughout this study.

\_\_\_\_\_

Name of Participant

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Name of Researcher

\_\_\_\_\_

Signature of Researcher

## APPENDIX D

### Interview Guide (including Pre/Post-interview Guide)

#### Introduction about the research

1. Thanks for coming and thanks for your help
2. This research is being carried out by the University. We would like to know your experiencing and mainly the main stumbling blocks/barriers in accessing help.
3. The aim of the study is to come up with recommendations for better procedures, services and training for professionals.
4. Whatever is said and discussed here will remain here.
5. Please don't address each other by name ( in any case, no name will be used in our research)
6. Your identity is safeguarded (no information that could reveal your identity is going to be provided or published).
7. Please do not mention third parties (individuals who are not here).
8. The meeting will be audio recorded so that we, the researchers, will be able to listen to it time and time again and analyse it. Marceline, Marilyn and myself only will have access to this audio recording. All audio recording will be destroyed once the study is ready.
9. We wish each person will have the opportunity to speak his/her mind.

#### Consent forms

This form is necessary because the University has got strict rules in relation to research because it wants to ensure high ethical standards. The university wants to make sure that you are here voluntarily. These forms will be securely kept at our department. You are free to refuse to participate or stop your participation any time.

Do you have any questions from your end?

Signing the consent forms.

Shall we put the audio recording on?

## **The interview/focus group**

### **Part I - The Single Question Initial sub-session**

'Tell me about your experience' (in relation to the provision of services for Violence against Women).

'Għidli dwar l-esperjenza tiegħek/tagħkom.' (dwar servizzi lil nisa li esperjenzaw vjolenza)

### **Part II - The Second sub-session – narrative follow-up**

Revisit the topics raised only in the words used and in the order raised.

Iddiskuti t-temi li ġew diskussi billi tuża l-istess kliem li ntuża s'issa fl-ordni li ntużaw.

### **Part III - Further Questions / Clarifications**

Keywords: Partner, police, court, law, children, family members, health, mental health, rights, services, support, safety...

Temi: Partner, pulizija, qorti, liġi, tfal, membri tal-familja, saħħa, saħħa mentali, drittijiet, servizzi, għajnuna, sigurta'...

## **After the interview/focus group**

We need general information (for aggregate use)

Survivors – age and children

Professionals - gender, age, profession and experience.





## CONTACT DETAILS

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