Comparing Sexual Assault Interventions project: Malta Case Study Report

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CONTENTS

1 Introduction

The aim of the case study is to study the sexual assault services provided by the Three Cities Foundation, an NGO servicing the Cottonera Area. This Foundation offers psychosocial and practical services to victims of sexual assault. The case study was conducted by means of a two level approach, by comparing the results of the service provider interview with that of the victims' interview. The rationale behind this was to compare how the service provision compares with the experiences of the victims.

1.1 Study Sample

The study entailed in-depth interviews with 9 service users and another in-depth inter view with a service provider. Although the initial terms of reference asked for interviews to be carried out in a focus group, due to fear of exposure by participants, interviews were held individually in a private setting with each interview lasting approximately two and a half hours.

1.2 Geographical Setting

The participants all hailed from the Cottonera Region, which includes the Three Cities of Cospicua, Senglea and Vittoriosa.

1.3 Summary of Findings

The majority of the victims of sexual violence interviewed recounted a devastating experience which was not at all helped by the system as well as some of the professionals working in the system. Victims described their experience accessing services as '*it's as if they're looking at a bug*' and '*it gets worse every time'*. There is no coordination between services so this results in women having to recount their experience a number of times. Follow ups are scant and frequently result in the victims having to explain their experience to another professional. Professionals are not specifically trained in dealing with victims of sexual assault and any knowledge they have has been gained through informal means.

The Three Cities Foundation staff and volunteers are periodically given training and follow protocols in dealing with victims. This ensures that victims are not re-victimised when accessing services.

1.4 Recommendations

It is being recommended that Malta adopts the proposals presented by the Task Force set up to analyse the development of a Sexual Assault Response Team and develops adequate protocols to ensure coordination of current services, both state and non-governmental.

2 Methodology

The Comparing Sexual Assault Interventions lead partner prepared a focus group discussion guide aimed at assisting the partners in carrying out the focus groups in the different partner countries. After consultation with relevant stakeholders, Victim Support Malta decided not to gather the required information from the participants through a focus group, but to hold individual interviews with the participants. This was done in order to further ensure the participants' privacy and confidentiality, and to enable the interviewer to elicit adequate responses.

Victim Support Malta chose to study the sexual assault services provided by the Three Cities Foundation. Eligible participants were identified and invited to participate in the study by staff of the said Foundation. The interviews were held over a one week period. The female interviewer, namely the Chairperson of the said Foundation, had previous experience in discussing sensitive topics with women, and was in fact previously known to all the interviewees through their contact with the Three Cities Foundation. The interviews were held at the offices of the Three Cities Foundation, in full privacy. Prior to each interview, the researcher explained the aims and objectives of the study. The consent forms were also read out and explained to the participants, who were then requested to sign such forms. Interviews lasted on average two and a half hours. Detailed notes were taken. Data was coded and common themes identified.

3 Sexual assault services in Malta

The following services are presently offered in Malta:

Law Enforcement

The Vice Squad within the Maltese Police Force is the specialised unit which investigates sexual assault crimes. According to current practice, when a report dealing with sexual assault is received by the Police, the Vice Squad officer on duty accompanies the victim for medical investigations. These medical examinations are usually held at Mater Dei Hospital, which is the main State Hospital, or in State run health centres. Medical authorities and the Police fully co-operate as regards the medical response to sexual assault victims. The procedure to maintain the chain-of-custody, also known as chain-of-evidence, is that the medical officer who examines the victim passes on all the evidence to the court nominated expert in order to conduct the analysis for court evidence purposes. To prevent contamination of evidence, the passing over of evidence is done on the same day of the collection of evidence through the medical examination. Police Officers who deal with sexual assault cases receive no formal training and it is held that officers operate in the right manner through sharing of experiences. Upon the report being lodged, the duty Magistrate is informed, who in turn nominates experts to assist in the inquiry. These experts range from gynaecologists on duty at the hospital, a forensic doctor, to a Police photographer. Medico-forensic examinations are held in the obstetrics unit at Mater Dei Hospital in an examination room within a ward. The nominated experts together with the Police interview the victim in this same room.

Crime Lab

Depending on the court expert nominated to collect evidence and analyse it, forensic evidence is either analysed in a private laboratory or at the Malta National Laboratory.

Hospital and Examination facilities

The only examination centre for victims of sexual violence is to be found in Mater Dei Hospital since there is no dedicated sexual assault crisis centre. Mater Dei Hospital is a generic hospital servicing the whole population of Malta, which presently stands in the region of 418,000. This population increases substantially in the summer months due to an increase in tourists and foreign students. During 2008 and 2009, there were 23 and 25 cases respectively of sexual assault that were examined at Mater Dei Hospital.

The specialist on duty, a gynaecologist, normally conducts examinations and all the required tests are taken. Through follow up outpatients appointment, the victim is seen again by another doctor.

Specialists do not follow up victims and most are reluctant to draw up court reports which lead to "*waste of time*" in going to court to give evidence.

A specialised doctor at Mater Dei Hospital, who is available on a 24-hour on call basis, carries out forensic examinations in relation to sexual assault cases.

Social work interventions for victims are provided by the social work team at Mater Dei Hospital, however this team is not available on a 24 hour basis. It is up to this social work team to refer victims to one of Aġenzija Appoġġ's specialist services, such as the psychological and or domestic violence services, among others, for further intervention and follow-up of the service user. These services may in turn link up with other entities, such as, Victim Support, Malta, to provide continued support for the service user. However, none of these services operate on a 24hour basis.

Prosecutors

In Malta there were 112 sex crimes reported to the police in 2008, and 120 cases reported in 2009. In cases where there are court prosecutions and the perpetrator is found guilty, these were usually punished by imprisonment.

Non-Governmental Organisations

There are a number of NGO's which provide support and assistance to victims of sexual assault, amongst others :

Victim Support Malta is a registered NGO aimed at supporting victims of crime by providing emotional and practical support and legal information. Victim Support Malta also regularly participates in a number of projects aimed at researching the situation of crime victims and at raising awareness about victims' rights and services. Victim Support Malta is a member of Victim Support Europe.

The Three Cities Foundation is an independent NGO, firmly based on Civil Society principles. It is committed to advocacy, education and training for marginalised groups and individuals residing in

the Cottonera. Programmes are delivered via in-house services, outreach and referrals. The Three Cities Foundation is also an action agency that offers free development resources to other creditable NGOs. Its long term goal is to eliminate the underlying causes of poverty and social exclusion in the Cottonera.

The St Jeanne Antide Foundation (SJAF) is a non-governmental voluntary organisation set up by the Malta Province of the Sisters of Charity of St Jeanne Antide Thouret in collaboration with lay persons. SJAF is a registered NGO with the Office of the Commissioner for Voluntary Organisations. It is run by a Chief Executive under the policy authority of a Governing Board. St. Jeannet Antide Foundation provides support and self-empowerment of socially excluded persons, families and minority groups.

YMCA Malta is a non-profit, voluntary and ecumenical movement seeking to promote the vision to build a more just society. The organisation forms part of the YMCA international movement. The organisation offers a spectrum of social work services to underprivileged individuals, the main specialisation being the support, assistance and rehabilitation of homeless people.

Taking into consideration the fact that a large number of cases of sexual assault occur within the context of an intimate relationship, it is also relevant to point out that there are a number of other NGO's which provide shelter, support and assistance to victims of domestic violence, and hence to victims of sexual assault when the perpetrator is one of the persons including in the legal definition of '*household member'*.

Proposals to set up a Sexual Assault Response Team

On the 5th of May 2009 the Commission for Domestic Violence, under the patronage of the then Ministry of Social Policy, convened a group of professionals in their own respective field to propose to the authorities concerned a mechanism to improve systems to respond to sexual assault survivors.

Meetings were held on 05 May 2009, 29 May 2009, 26 June 2009, 22 July 2009, 01 September 2009, 15 September 2009, 28 January 2010 and 09 February 2010.

The members of the task group were as follows:

Insp Louise Calleja (Commission on Domestic Violence) Chairperson

Dr Marceline Naudi (Commission on Domestic Violence)

Ms Anne Cachia (MSOC) (resigned in July 2009)

Ms Joyce D'Amato (MJHA)

Dr Raymond Galea (Gyneacologist)

Ms Maryanne Gauci (FSWS)

Ms Renee' Laiviera (MCWO)

Dr Roberta Lepre' (Victim Support Malta)

Ms Antoinette Martin (Psychologist)

Ms Doris Vassallo (Secretary)

Since the advent of the rape crisis movement in the early 1970's women and men have organised themselves to end sexual violence and to provide comprehensive, quality services for survivors of sexual assault. Malta does not exist in a vacuum from the rest of the world, therefore the Commission on Domestic Violence, in its advisory role to the Minister concerned on all aspects of the problem of domestic violence, highlighted that this phenomenon needs to be exposed and addressed in a concrete and professional manner. The Commission raised the issue of additional concern that victims of sexual assault are often discouraged from accessing help, possibly because of the fragmentation of the services available, as well as the possible traumatisation and victimisation by the system with the result of lack of empowerment on the part of the victim to seek further treatment and pursuance of the relevant legal rights. Professionals from the Ministry for Health and Mater Dei Hospital, *Agenzija Appogg*, the Police, Victim Support Malta, the Malta Council for Women Organisations and the Ministry for Justice and Home Affairs (see list of members above) worked together to find the most efficient manner of providing a specialised service to respond effectively and sensitively to victims of crimes of a sexual nature and gender based violence amongst which: date rape, stranger rape, sexual assault and sexual abuse from a known partner. The main undertaking of this Task Force was to present a proposal/business plan for coordinating an efficient and holistic service package to deal with the sensitive nature of such situations. This would include the related health services, law enforcement, prosecution and advocacy/support services for the victim. A formalised and coordinated approach was sought, to bring together public and private entities and non-governmental associations to provide survivors of sexual assault with the necessary and immediate services while avoiding duplication of

resources which are very limited in these spheres. The proposal is for a sexual assault response team consisting of a forensic nurse, a gynecologist, a psychologist, a police inspector, a social worker and Victim Support Malta support worker to be on call. When a survivor of sexual assault, presents in hospital, they would be immediately triaged by the forensic nurse in a dedicated room within Mater Dei Hospital while the SART (sexual assault response team) is informed. The on-call SART members would respond promptly to the hospital call to provide a medical and forensic examination and provide crisis intervention and advocacy/support for the survivor. Ongoing longer term support would also be provided through Victim Support Malta. One sexual assault case is one too many, therefore a holistic professional approach may help and additionally end the shame of the many survivors of such assaults. The social validation and legitimization of the traumatic experience may help to transform the physical attack from a shameful, horrifying experience into one of strength. This is not to say that sexual assault is ever a positive experience for any human being, but that it is possible to transcend the victimization and its damaging consequences. The proposal was completed and presented to the authorities in 2010.

4 Presentation of findings from the case study service

Victim Support Malta chose the Three Cities Foundation as a case study service. It is important to note that the Three Cities Foundation is an NGO which is located in the Cottonera Region in Malta. It has two full time staff and six volunteers. It serves approximately 11,000 persons and has an approximate of 427 users annually, with 35 cases of sexual violence.

4.1 Procedures and Modus Operandi

In principle, the Three Cities Foundation has devised mechanisms and agreements with relevant agencies operating in the region. In practice, protocols are infrequently observed at inter-agency level. In the event that referrals are ignored in the first instance, reminders are formally communicated by the Foundation in order to attempt to achieve compliance. Advocacy and support of victims seeking access to other relevant sectors/agencies constitute a substantial percentage (25%) of the time spent with clients. A correct procedure is not always observed uniformly by other agencies and depends on individual services providers. Cases may be recorded or alternately dismissed ad hoc at any stage. The standards adopted by the Foundation have not been agreed upon by all sectors and agencies and in fact, have been criticised in the past for being excessively protective of clients' feelings and privacy. Police officers tend to oppose or disregard

Good Practice standards proposed by the Three Cities Foundation, especially in relation to sexual assault and domestic violence victims. Professional liaisons are maintained with more empathetic individuals who are willing and capable of helping in a professional context. Individual service providers or agents may also collaborate voluntarily based on personal relationships with colleagues or peers.

The Three Cities Foundation operates independently of other services in the area. It is committed to advocacy, education and training for marginalised groups and individuals residing in the Cottonera. Programmes are delivered via in-house services, outreach and referrals. Its long term goal is to eliminate the underlying causes of poverty and social exclusion in the Cottonera. It is also an action agency that offers free development resources to other creditable NGOs nationwide.

Protocols are not established and adopted by all sectors, however service users' rights to privacy and confidentiality within the Foundation are strictly observed, although they cannot be guaranteed elsewhere.

Inter-agency meetings, consisting of Government agencies, the Catholic clergy, NGOs and local councils from Cottonera are held to discuss and organise service provision. Such meetings are attended sporadically and on an ad hoc basis. Multidisciplinary coordination team meetings between agencies do take place however the lack of commitment and follow-up from agency stakeholders stalls progress and the delivery of services. An up to date directory of organisations providing sexual assault services is available and is in use at the Three Cities Foundation. This directory has been disseminated to and/or adopted by other agencies, with however, little distribution to users.

The Three Cities Foundation organises training sessions twice yearly and some individual self-motivated members of government agencies may attend these sessions. Social workers are the most receptive to this training.

The Three Cities Foundation fundraises specifically for sexual assault services. In future fundraising activities will need to be expanded in order to cope with demand or wound up to avoid duplication with the Sexual Assault Response Team proposed by Victim Support Malta as part of the SART Task Force.

Applications for funding occur on occasion, depending on the type of funding available and the

involvement of individuals responsible for funding work.

4.2 Response

If using other services, a victim of sexual assault has to typically explain her experience to different professionals more than 8 times, however a woman using the Three Cities Foundation's services will typically explain her experience in detail only once. Staff are prepared to carefully and sensitively document information to explicitly prevent overexposure. Forensic services are only available on a national level and not available on a regional level. Medical services are available free of charge, however a victim may need to pay for visits to GPs and for medication.

4.3 Staff Perceptions

When asked how well does the Three Cities Foundation service work with other services in practice, staff considered that with forensic services, the police and legal services they do not work well at all. Regarding medical services staff considered that their services do not work particularly well and with psychosocial and practical services they considered them to work reasonably well. Services can be improved by provision of forensic services regionally. According to staff the quality of medical services is affected by limited skills, personal bias against and inability to deal with victims of sexual assault and the capability depends on medical staff's personal inclination to deliver an acceptable standard of service and follow protocols.

The provision of adequate psychosocial services is precluded by shortage of staff, practitioners' excessive workload and personal perception of the victim. Among other professional vocations, individuals display the most empathy and commitment to the support and healing of patients, although skills are lacking and individuals will make their responses to cases personal, thus causing feelings of dependency/confusion/rejection in already vulnerable clients.

The quality of police services is affected by limited skills, personal bias against and inability to deal with victims of sexual assault. Capability depends on officers' personal inclination to deliver an acceptable standard of service and follow (or exceed -as necessary) protocols.

Roughly 6% of victims of sexual assault using the Three Cities Foundation's services will see their case advance in the judicial system to the point of consulting a legal professional. Conviction rates

are also extremely low.

Some service users tend to defer consulting the Foundation, limiting the NGOs ability to liaise and advocate on their behalf at crucial stages with police and medical services, therefore outreach needs to focus even more on respect of confidentiality and the effectiveness of non-legal advocacy.

Staff also feel that other sexual assault services, with the exception of psychosocial and practical services do not respond well to the needs of service users. Other NGOs such as Victim Support Malta and Dar Merhba Bik (shelter) strive to provide competent, up-to-date and legally current forms of assistance to clients. Both operate on a national level and are located outside the Cottonera region.

4.4 Psychosocial and practical services

Since the Three Cities Foundation only operates in the field of psychosocial and practical services, only this section was analysed.

The Foundation has various protocols in place in its provision of services. Namely it has protocols and activities in the following fields:

- For the provision of counselling, support and referral for woman who have experienced sexual assault.
- Has and maintains a directory of organisations dealing with sexual assault and collateral services.
- For the coordination amongst psychosocial and practical services.
- For response, including intake, counselling, safety planning and secondary trauma.
- For record keeping that ensures safety and confidentiality.
- Sexual assault sensitisation curriculum and training for all staff.
- Staff receive periodic training on the management of women who have experienced sexual assault. This training is updated and conducted on a quarterly basis.

- Sensitisation training is carried out and staff are monitored for suitable conduct in relation to all minority groups.

The Foundation has special measures for different population groups. Mediation and advocacy are available to all, with specific provisions made for minors, homeless women, women involved in prostitution and the differently able. Translation services are in place but limited to the most frequent/likely origin of victims in a region with a predominantly homogeneous/autochthonous population, i.e. diversity is lower than the national average (Arabic, Anglophone translation services may be required, most clients are Maltese speakers with limited working knowledge of spoken English).

The Foundation has on-going efforts to sensitise church and community leaders, along with medical and police services. As part of its holistic approach, prevention training and counselling are offered to all applicable clients, with the current focus being on teenage males. Due to limited staff numbers, key groups must be prioritised.

The Foundation is overseen by a Board. Although 40% of the Board are not experts in the field, they have received training which is revised and/or updated twice yearly. The service conducts quarterly evaluations for staff and twice yearly for Board Members.

Service provision quality is assessed by means of analysis of weekly and monthly reports, client files, monthly staff performance assessments, informally and formally gathered feedback from clients. Written surveys have been returned in very low numbers. Many clients are confirmed/suspected functionally illiterate, others have mild to moderate learning disabilities.

Assessment of service user outcomes is carried out by means of progress reports which are regularly updated and maintained. Well-being and mental health outcomes are monitored, adapted and addressed as part of the Foundation's holistic approach to clients' individual needs. Although successful prosecutions are factored into monitoring of victims' recovery, all prosecutions amount to approximately 6% of cases. Successful criminal proceedings are 0.8 in 10. The Foundation addresses each step and possible outcomes in a timely manner with the service user in a way that is understandable and that leaves scope for her emotional and mental health needs.

Taking into account the victims' need for privacy, many victims' negative self-perception (who

may often feel they cannot comment freely on the quality of service provision, due to hostile responses from police or other service providers) and the widespread tendency for secrecy in relation to sexual violence, gathering feedback is complex and time consuming. However, staff do gather formal and informal feedback information as a rule.

The Foundation strives to offer its services on as widespread basis as possible, however limited staff numbers may mean on-call staff is not available at all times. Weekday nights can be the harder shifts for which to find trained replacements.

As described above, all staff and board members are trained. Availability of female staff is facilitated most frequently. Shifts are planned to accommodate service users, with providers' well-being and safety in mind, too. The minimum waiting time for service users to receive support is presently 45 minutes, which is planned to being reduced to 30 minutes. The Foundation provides supportive counselling and case management for the victim. An assessment of the following is conducted:

- Risk of self-harm
- Symptoms of Post-Traumatic Stress Disorder (PTSD)
- Symptoms of depression, anxiety, low self esteem
- Need for a refuge or safe house
- Need for child care or involvement of social services.

The staff document actions and maintains confidential files. Confidentiality is an extremely high priority, due to the close-knit nature of the community, the powerful negative stigma attached to being a victim of sexual violence and the equally negative leverage that undue knowledge of the incident(s) would generate against the victim: for instance, service users might approach the Foundation to report that they were allegedly threatened with public disclosure of the attacks – thus compromising the family's reputation - by a local politician who demands compliance in civic matters.

The Three Cities Foundation staff use telephone, email, sms, and scheduled home visits to

ensure follow-up attendance. If consent has been expressly given by the service user, a designated contact person/next of kin may be contacted in case of necessity. As service users seldom present with one incident or one type of trauma, support continues holistically for as long as the service user is assessed as being in need of support.

While the directory of services and organisations is kept current and referrals are made wherever are made wherever necessary and productive, users tend to avoid using services and organisations outside the region, despite being made aware of potential benefits. This leads to occasional duplication of services. The Foundation assists the survivor to interact with other sectors as she desires by initiating contact, although the staff are trained in preventing, identifying and resolving attachment/dependency issues in service users. Service users are accompanied to any service they may require, including police, forensic, medical, and legal services – along with sitting in on visits with social workers, church representatives and other persons or entities providing support. Advocacy and escorting are crucial when dealing with police, forensic and medical services. Correct procedure is not observed uniformly and depends on individual service providers. Cases may be recorded or dismissed *ad hoc* at any stage by police. Examinations are reportedly carried out without clear consent in a manner that service users described as 'rough', 'uncaring', 'more traumatic'. At inter-agency level, information is not forthcoming and poorly managed, thus victims may be led to unwittingly compromise their case against their attacker. Information is shared with police and community services only a need to know basis and with the explicit clients' approval. Support is offered to family members, partners and friends of women who have experienced sexual assault.

5 Assessment and recommendations

In ***Malta no multi-sectoral and inter-agency mechanisms*** are in place for providing sexual assault services, including protocols. The Task Force which proposed the setting up of a SARTTeam has however included the development of such protocols in its recommendations.

Forensic services are only available on a national level. Waiting time varied between 3 to 24 hours. This was not considered acceptable by the victims, who suggested that waiting time should not exceed 1 hour – it was suggested that victims must be given the opportunity to wash themselves, change their clothes and have a warm or cold drink at the earliest opportunity.

Medical services are available at the local level – health clinics and General Practitioners operate locally, however these have limited capacity and operating hours. Cases of sexual assault are generally transferred to the Accidents and Emergency Unit at Mater Dei Hospital (the state hospital). Waiting time at the Accidents and Emergency Unit varied between 2-7 hours. This was not deemed acceptable by the victims interviewed, who suggested that waiting time should not exceed 1 hour. Victims also highlighted the fact that the lack of acknowledgment, assistance and/or treatment compounds the trauma already experienced.

Psychosocial and practical services are offered at the national level through Agenzija Appogg or similar services offered at the local level, such as 'Access' in the Cottonera. Such services also include the services provided by NGO's. With regards to services offered by the State, it was stated that waiting time can last up to several months since a waiting list is in place. Services provided by NGO's had much shorter waiting time (45-60 minutes for the Three Cities Foundation), however this depends on the availability or otherwise of staff and/or volunteers. Victims generally agreed that immediate referrals and assistance are needed. However, the services lack adequate human resources required to address their needs in an effective manner.

Legal/Criminal Justice services – waiting times at Police stations varied between 30 minutes to over 2 hours. Once again, this was not deemed satisfactory and once again it was stated that immediate assistance is required.

Other services mentioned included Local Catholic Churches – the waiting times for assistance varied. Participants felt that notwithstanding that requests for support and assistance are at their discretion, their decision to access such services or otherwise varied according to their own belief system, their standing in the community and how they perceived this as impacting on the likelihood to received support or otherwise.

In general it was therefore felt that the services provided by both the State and NGO's failed to meet the different needs of women who are sexually assaulted. All participants expressed confusion regarding the services available, their rights and due process. Waiting times generally create re-victimisation and further compound the trauma for the victims. The lack of coordination and lack of sharing of information amongst the relevant entities was also highlighted. It was also pointed out that services seem to operate *ad hoc* and lack proper structure. Besides the lack of timely intervention, participants also stressed that their need for courtesy, privacy, physical respect

and protection of personal dignity are often ignored.

Coordination between the relevant services seems to be *'ad hoc'* and dependant on the individuals responsible for service delivery rather than the service in general. One participant stated that *'It depends on who is working: sometimes you get more help if one of the policemen or a nurse is kind*'. Besides the coordination between the police and hospital services, it appears that there are no referral mechanisms between the different services. This is also the case where NGO's are concerned. With regards to the Three Cities Foundation, referrals by and to other entities and/or practitioners such as doctors are dependant on the rapport with individuals. The pros identified in the way the services are currently provided, include the proximity of the services – *'What we do have for help is not far away'*. The small size of the island helps in the effectiveness of such *'ad hoc'* referral mechanisms and also facilitates rapport building between individuals. On the other hand, the lack of a proper coordination mechanism was perceived as a disadvantage – *'the right hand doesn't know what the left hand is doing*'. Waiting times for all interventions was once again highlighted as a major disadvantage. Other disadvantages highlighted were the lack of communication with the victim and the repeated and unnecessary need to recount incidents – in this regard, participants unanimously agreed that the number of times that a woman has to explain what happened has an effect on her experience of accessing services :

' *It gets worse every time'*

'It's like they're looking at a bug'.

With regards to the impact of having to explain the experience multiple times, participants stated that they were fearful of being judged, dismissed or misunderstood. All the women interviewed stated that retelling the experience was exhausting. They described the experience as making them feel '*disgusted*' and '*shameful*'. In general, reliving the event was considered to be a highly distressing experience. For participants who only sought medical help and did not wish to prosecute, the times they had to explain their experience in detail varied from 5 to 9 times. The only participant who prosecuted and managed to secure a conviction against the perpetrator estimates that she had to describe the event in detail around 15 times.

No official or unofficial payment for services were identified/emerged during the interviews.

Victims are not always provided with an option of female or male examiners when accessing

forensic or medical services. Participants recounted that they had to *'make do'* with available staff. 2 participants complained individually at the time and each was rebuked for wasting time or being difficult, or even told to *'shut up'* – examinations were consequently carried out by male forensic examiners. Outside of emergency services, 4 participants were aware of and benefited from the services of a '*sympathetic*' and '*helpful'* General Practitioner in the region – a younger male who provided confidential referrals to the Three Cities Foundation.

Participants agreed that being given an option of female or male examiners is very important. All participants stated that in hindsight they should have asked for a female examiner, but at the time they were in no condition to demand one and the waiting time without being able to shower, get changed or drink water had compounded the trauma.

3 participants expressly asked for details and guarantees about their rights to confidentiality whilst the others were not informed. Only 4 participants recall receiving explanations about the process that will be undertaken, however these were unable to fully comprehend or ask for clarification. None of the participants was offered emergency contraception or knew of its availability. Three participants estimate they became pregnant as a result of the attack. One of the participants was deeply troubled by the fact that her estranged husband applied for custody of their children, including the unborn one she believes was conceived during an attack. Testing for STIs was carried out in 5 cases, with 3 testing positive for chlamydia. Communication of results Communication of results was greatly delayed (average 2 months' waiting time). No counselling was offered or referral services provided. Clients who were already in contact with social workers took the initiative to disclose information about their experiences. Two clients communicated with their respective social workers within one week of the assault, while another victim did not reveal her sustained experience of violence for 24 years – until her husband left her for a new partner. The above were then offered testing through referrals. The participants declared that it is very important to be given information about confidentiality and the process being undertaken although it is hard to understand what is going on after the attack. All participants are afraid that they will be stigmatised and further discriminated against, should knowledge of the attacks be shared.

The participants also held that as above, it is very important to be asked for their consent for examinations at the start and throughout the process, but without professional help and support at the time of the examination, it is hard to know what consent is for.

Women who experienced sexual assault are not confident in the police. All participants experienced ignorance, crude jokes, verbal abuse, discrimination, extreme delays and neglect while under care of police officers. Loss of confidence in the police service was unanimous, although often pre-existing. Cottonera police stations are often unmanned, response time is slow, reports of gender-based violence may often go unanswered. One officer in the region is known to 5 of the participants to be competent and willing to help in cases of sexual or domestic violence, but if he is stationed in one town and if he not the one responding to a local call in his area *"there is little hope for help*".

Women who have experienced sexual assault are not at all confident in the judicial process. The only participant who could pursue legal measures was fearful during the entire proceedings (during which she was harassed and intimidated by the attacker and his family) and disappointed with the outcome, which led to a short sentence for the attacker and no measures being put in place to protect her upon his release. 6 respondents did not get past medical and/or police contact. Of the remaining 3, 2 were informed there would be no prosecution of their attacker (spouse or partner in all 3 cases). Communication with victims was negligible: the former have to pursue their case with tenacity or they will not be informed of developments, court appearances, decisions to release the attacker or prosecute him. 6 participants gave up seeking justice. 4 of them say they were discouraged or pushed away after they sought help, 1 admitted they could not find the strength to keep fighting. 3 participants only sought medical help and never attempted to pursue justice, as it would taint their image and create the *"wrong impression"* about the family. According to participants, the likelihood of reporting an assault was very low (1 out of 9 would persevere in future). This is in spite of 8 participants expecting to suffer other attacks in future. The participants felt that the overall service failed them. They sought support from NGOs and whenever possible from empathetic individuals in the medical profession or police service.

In 6 cases, participants felt believed. *"It depends on who you find*". But they identified a different challenge: doctors and policemen did not help –allegedly- also because the victims are women from the Cottonera (i.e. perceived to be crude, poorly educated and economically disadvantaged) or because of their appearance. 3 separate women's claims were strongly questioned because their underwear was not torn, therefore there was no use of force. They felt pressured to admit that sex was consensual. 6 participants were asked if they were wearing a provocative outfit or *"decent"* garments at the time of the attack. All participants experienced discrimination, including homophobia, as 2 participants (alleged victims of corrective rape) look *"mannish*" and were

assumed to be lesbians by service providers.

Even when professionals believed the incident occurred, they did not appear to care about the victims. During the interviews participants pointed to visible scars or described graphic injuries that were verifiable by physicians and police at the time and did not seem to elicit compassion or timely intervention.

Participants suggested the following steps to improve services in order to render them more respectful, compassionate and sensitive :

- Acknowledgement of the problem; Legal/forensic/medical services *"must give importance to the abuse of women. They must recognise it and do their part to help*."

- Promptness: "*Help us quicker: the fear, pain and feeling [of helplessness] are terrible and worse than you can imagine*".

- Competence: high professional and ethical standards should be maintained, and victims of sexual violence cannot be excluded.

- Empathy: participants felt they needed someone to care about them, to listen, give them hope, and take time to explain. The prejudices, profanities and jokes made them feel more vulnerable and isolated.

- Dignity: 8 participants still feel intense shame and discomfort. One participant felt that she was "handled", rather than treated.

Participants felt there were barriers to accessing services. These barriers include time constraints, waiting times, lack of competence or due care from staff, too few competent professionals, physical distance from services, absence of 24⁄7 access to services as well as the provenance and socio-economic profile of victims.

The participants were asked what steps could be taken to overcome barriers. 7 participants struggled to find answers they thought were satisfactory. One participant observed: "*I'm in a mess. [Do] you think I [should] be the one looking for a solution?*"

Ultimately, participants indicated that the following were needed: training, changes in

cultural/social/gender perceptions, more resources for entities. 2 participants added that all of the above would be slow to come, as long as males kept females beneath them.

The participants listed place of origin, being of mixed race, having a regional accent, personal appearance, demeanour, and being female as barriers to particular population groups. When asked what steps could be taken to overcome these barriers, participants said: "*But do you mean that we have to change, or that other people have to change*?" and "*If a doctor thinks he's better than me, I don't know what to do.*" One participant stated the importance of perseverance, knocking on doors, talking and not giving up.

Participants identified the following as being the most important qualities of a supportive service:

Forensic

- Speed
- Precision
- Respect
- Communication/explanations

Medical

- Speed
- Good medical/surgical skills
- Dignity of the patient
- Kindness

Psychosocial and practical

- Availability
- Competence

- Strong advocacy

Criminal justice

- Respect for the victim, respect for women
- Speed
- Professionalism, due care and diligence
- Communication
- Commitment to the case

Clients report feeling most at ease and safe with the Cottonera Foundation staff. The range of options and assistance offered within the region is reportedly highly satisfactory. Response time is fairly quick (45 minutes). Services provided adapt to individual requirements.

However staff numbers are too low to guarantee services to all potential service users 24/7. Response time can still be lowered from 45 minutes to 30. Advanced negotiation skills must be practiced by all staff to obtain basic standards of service for victims from other agencies. More time and resources must be invested in promoting a more balanced, non-discriminatory view of sexual assault survivors.

6 Recommendations

As stated above, Malta has already taken the first step towards addressing the shortcomings arising from the limitations in providing services to victims of sexual assault, and this through the setting up of the SART Task Force. This Task Force has looked into the different services available in Malta, which are sufficient to provide an adequate response to victims if these were properly managed and coordinated. To this end, the document developed by the Task Force, and presented to the Minister concerned, entailed details of how a SART team could be set up and managed. The document also mentions the development of protocols as one of the major pillars on which the SART should function. It is therefore imperative that relevant non-governmental organisations put

pressure on Government to implement the proposals laid out in the document. In the meantime, service delivery will remain fragmented, and the effectiveness of the response dependant on the approach of the individuals concerned. Lack of effective resources for managing such cases will continue precluding a satisfactory response.