



**FEM-UNITED**

united to prevent femicide in europe

**WORKSHOP RECOMMENDATIONS:  
MALTA**

## Introduction

Within the framework of the EU-funded project '**FEM-UNITED - United to prevent IPV/DV Femicide in Europe**', the Women's Rights' Foundation, together with the Department of Gender and Sexualities within the Faculty for Social Wellbeing of the University of Malta , conducted capacity-building training workshops targeted at frontline professionals for the prevention of intimate partner violence/domestic violence (IPV/DV) and femicide.

The training workshops were held in-person with the following target groups: the police, lawyers, social workers, healthcare professionals and educators. The workshops were held in Valletta, Malta on the following dates: 19<sup>th</sup> May 2022 for social workers; 26<sup>th</sup> May 2022 for police and lawyers; 31<sup>st</sup> May 2022 for healthcare professionals and educators; and a final multiagency session was held on the 14<sup>th</sup> June 2022 with selected professionals. A total of X participants attended the workshops.

The materials and programme of the workshops were developed with an emphasis on sensitising frontline professionals on harmful attitudes, behaviours and stereotypes (ABS) and on developing strategies, anchored in a gender perspective, for the better protection and safety of victims with the aim of preventing femicide.

All workshops were carried out using the same format and addressed the participants understanding of violence against women, domestic violence, gender-based violence and femicide. The workshops further addressed barriers to acting with due diligence and gathered recommendations from the participants.

## Workshop Recommendations

In order to improve system-wide responses to IPV/DV and prevent femicide, the following recommendations surfaced from the workshops:

### Social workers (19.05.2022)

- **Early identification:** there needs to be early identification of risk factors in order to ensure prevention of further risk and femicide.
- **Access to shelter, housing and protection:** shelter needs to be made available at an early stage, including support for children that accompany mothers to a shelter. Protection orders need to be more accessible and available. With the high increase in rent prices, housing needs to be made accessible.
- **Efficacy of the court process:** court process needs to be expediated for both criminal and civil proceedings. In civil proceedings, mediation is not always ideal and should be reviewed on a case to case basis.
- **Better investigation:** timely police investigations as well as a more thorough investigation by looking into the past history of violence and criminal behaviour. All reports need to be taken seriously and ought to be investigated irrespective of what specific form of abuse the victim is reporting.
- **Inter-service referral and review:** This necessitates better co-operation and liaising with other social work agencies. Sharing of information between different agencies is



paramount to ensure better support and safety for survivors. The creation of multi-agency co-operation such as MARAM would ensure better prevention.

- **Increase of human resources:** with an increase in reporting (not only criminal reporting), there needs to be an increase in human resources to ensure a better quality of service, to cut down on waiting lists and to avoid burn out of professionals.
- **SOPs/Guidelines:** although there are standard operation procedures not all professionals have seen them or are aware of their existence. They need to be updated and made known and available to all professionals.
- **Mandated treatment orders:** although provided by the law, there are very few court orders mandating perpetrators to follow perpetrators programmes. Courts need to be better trained and more aware of its importance.
- **Training:** training ought to be ongoing and specialised for all front liners, including those that are qualified and already trained to work in the field, and should include relevant legislation. Training should also be based both on the specific profession as well as in a multi-agency format. More training on trauma, empathy and sensitivity is required.
- **Review of the existing process:** there needs to be a review of the structure and procedure of services in this area, including social services, medical, police and court.

### Police and Lawyers (26.05.2022)

- **Change in attitudes towards domestic violence:** society in general needs to be more sensitised on the harm and impact that domestic violence has on individuals. Culture and attitudes need to change to decrease the stigma
- **Risk evaluation and immediate support:** there needs to immediate action following police reports and more thorough investigation of reported cases and risk evaluations need to be ongoing.
- **Efficient system:** the current police structure is still paper based and very beauracratic. It is also based on a hierarchical structure when it comes to decision making that wastes precious time in acting swiftly. The system needs to become more efficient and electronic based, such as accessing criminal convictions to ensure that prior crimes are reflected in the charge of the perpetrator.
- **Accountability and reporting by professionals:** Professionals, including health professionals should report suspected cases of domestic abuse. Professionals need to be held more accountable in their work.
- **Human resources:** more effort needs to be made to encourage police officers to work in the area of domestic violence.
- **Information sharing:** there needs to be better sharing and trust among each other as police officers.
- **Access to protective measures:** the law needs to ensure that access to protective measures is available to all victims. Such access needs to be available and accessible. Immediate action must be taken against perpetrators that breach protective orders.

### Healthcare Professionals and Educators (31.05.2022)

- **Better resources:** there should be better facilities for victims that report and disclose abuse. Both financial and human resources are required for a better and swift support for the victims. This will further cut down on the existing waiting lists.



- **Effective system:** the current system is fragmented leading to victims falling through the cracks. The system needs to ensure that there is more sharing of information not only within their own professional structure but also with other professionals working with the victims. A better recording system must be put in place to ensure that victims are flagged. The medical system needs to be more community based with patients being able to register with their local general practitioners.
- **Training:** should include not only the existing legislation but also existing support services. Training should also deal with communication skills. More awareness among the general public and parents on the importance of equality.
- **Better education:** school educational programmes to address patriarchal and misogynistic attitudes in the form of peer mentoring. Continuous professional development for all professionals and not limited to some.
- **Create a referral system:** the system should ensure that victims avoid revictimization by not having to repeat their story to the different professionals. The shared system is to include flagging.
- **Changing attitudes and culture:** both among the public but also among professionals. Need to address the status quo culture that is preventing from bettering existing systems. More courtesy and better communication among professionals and towards the victims.
- **Better support for professionals:** supervision should be provided to all professionals in order to avoid burn out.
- **SOPs and protocols:** this would ensure quality care provided to survivors. These should be created in collaboration with front liners and not left up to management that is detached from the actual needs and reality.
- **More use of cultural mediators and interpreters:** our society is becoming more multicultural and there is a lack of interpreters to communicate with patients. Given further that there is no access to internet, portable translators cannot be used. The use of cultural mediators would help in better understanding and supporting the patients.

## Multiagency cooperation (14.06.2022)

- **Risk Assessment:** a number of risk factors were identified including delays in the justice system, lack of continuity of care, history of abuse, use of weapons, further vulnerability of some women especially single mothers, migrants and women with disabilities. Assessing risk needs to ensure that it is not limited to a specific tool that addresses only a specific need such as the current tool that is being used (DASH), but that it encompasses all forms of violence, needs, attitudes and change in risk that the perpetrator presents.
- **Empathy:** among frontline professionals needs to be cultivated as well as address burnout and avoid working in silos.
- **Better availability of services:** all professionals, including those that do not necessarily work directly and solely with women survivors, need to know of the existing services. The services need to further be made known to service users and it ultimately should always be their choice to see whether they would like to make use of them.
- **Avoid revictimization:** the women's disclosure of abuse is to be recorded once and made available to other professionals. The law on GDPR needs to be amended to allow for this disclosure.
- **More cooperation among professionals:** there needs to be more trust among professionals. This will ensure better support not only for survivors but would also avoid



repetition of work. Working in collaboration such as MARAC would help. Better collaboration would also ensure that professionals learn from each other's mistakes.

- **Addressing societal attitudes:** patriarchal and misogynistic attitudes continue to prevail as can be seen from social media comments. These need to be addressed by means of awareness raising campaigns and educational programmes. It is important to address the root causes of violence.
- **Victim centered approach:** victims should be placed at the centre, which would help to avoid revictimization and also make sure that their needs are catered for. Women should be included in their careplans given that their needs and those of their families are specific to them. Although some feel that they should report whenever they note abuse, the victim's consent is still paramount.
- **Training:** Training needs to be continuous, specialised including knowledge of the laws not only about domestic violence, gbv and vaw but also other laws that may relate to the victims, such as victims rights and civil laws.

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