Mental Health

In addition to mental health problems which might have subsisted prior to the departure of an asylum-seeker from his country of origin, multiple traumatic events associated with flight and migration, such as those leading to the displacement of the individual, the arduous journey and the reception in the host country, mean that migration poses serious consequences for mental health.

An asylum-seeker who is far away from home in a land which is mostly alien to him will commonly experience feelings of loss: of family, of homeland, of identity, and of cultural connections such as language and traditions.

The majority of asylum-seekers and refugees rely on their own coping strategies to deal with their new situation however there is a higher incidence of anxiety and depression, in addition to other mental illnesses, in this category of people when compared to the general population (Burnett and Peel, 2001).

Common mental health problems among the refugee population include:

- Post-traumatic stress disorder
- Anxiety-related disorders
- Depressive disorders

Factors which can exacerbate mental ill-health (McCoy, McKenzie, Bhui, 2008)

- Discrimination
- Detention (Studies have shown that detention not only exacerbates but creates vulnerability, with detainees experiencing a deterioration in their physical and psychological health – See JRS DEVAS report www.jrsmalta.org).
- Destitution (See ANDES report - www.jrsmalta.org for further information about destitution among asylum seekers in Malta)
- Difficulty in accessing the right to work and the right to healthcare

Stigmatisation and Ostracisation

In some cultures, mental ill-health is intrinsically linked to religious and spiritual beliefs. Mental illness might be seen as a punishment for an individual's failure to adhere to a religious code, for behavior which is considered morally reprehensible or due to possession by evil spirits or jinn.
Many refugees and asylum-seekers express reluctance to approach a healthcare professional to deal with mental illness as they fear stigmatization from their own communities. In certain cultures, an individual with mental health problems will be taken to a traditional healer, a witch-doctor or an exorcist to deal with the onset of psychological deterioration.

Ostracisation then follows as the individual is marginalized and is derided by his own community, which is many a time unwilling to provide community care and support.

Dealing with mental ill-health among the refugee population:

• Requires an understanding of the implications that a number of vulnerability factors, such as culture shock play on mental ill-health (Bugra, Ayominde 2001)
• Using cultural mediators to effectively provide an understanding of the cultural background of the client will aid the practitioner to offer culturally-competent care.
• Working in tandem with the legal professionals assisting the asylum-seeker will also help provide better understanding of the legal situation of the client and the uncertainty arising therefrom.
• Acknowledge that in many cases, there is limited support available in the community, leading to further stressors and feelings of helplessness.
• Acknowledge the need for faith-based support to assist the asylum-seeker to engage in the therapeutic process.

Work with this population requires time, patience, flexibility and cultural sensitivity in order to meet the individuals on an equal plane, allowing them to build trust and subsequently engage and obtain maximum benefit from therapy

Alexia Rossi – JRS Psychologist
Sexual & Gender-Based Violence (SGBV)

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

Around the world SGBV has a greater impact on women and girls than men and boys. “Gender based violence” highlights the relationship between the subordinate status that women often have in society and their increased vulnerability to violence. It is important to note however that men and boys are also victims of gender based violence, especially sexual violence.

UNHCR Malta

Setting the Scene

Most female refugees and asylum seekers arriving in Malta by boat are from Sub-Saharan Africa. The vast majority are young women travelling alone. Sometimes they are pregnant. A few are accompanied by a partner or spouse.

Over the years we have met many women who have suffered SGBV at home, in transit and in Malta, namely:

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

From our experience we have seen that our clients, who have experienced or are suffering from SGBV, are focused on dealing with their basic needs such as their deprivation of liberty while in detention and struggling to survive when living in the community.

For more information visit:
Rape & Sexual Assault

When displacement occurs due to political and armed conflict, women and children are at risk of being sexually assaulted... Their vulnerability continues after they flee their homes, when they are in transit to country of asylum.

(WHO, 2008d)

Country of origin and transit

“In Somalia, due to war, men stop going out because they have a greater chance of being killed, so women go, and risk being raped”.

“We were stopped in the Sahara by men who said: give us your women or we will leave you in the middle of the desert.”

Personal Testimonies

• Rape and sexual violence are used routinely in violent contexts often being employed as a weapon of war to demoralise whole populations or to transmit STDs, as well as in the context of trafficking in persons
• They are also perpetrated in the context of inherently imbalanced power relationships e.g. by soldiers, traffickers, smugglers, family, community members.
• It is highly probable that smuggled and trafficked individuals have been coerced into sexual acts or raped so as to survive the journey

Country of Asylum

• On arrival in countries of asylum women are still susceptible to being subjected to gender based violence.
• In detention centres women occupy a subordinate status among detained men and guards. Paired with their inability to physically protect themselves, this increases their risk of being assaulted.
• Detention also impedes the ability to overcome the trauma of past assaults and rape and hinders the healing process.

It is extremely likely that the female asylum seekers you encounter who came to Malta through Libya experienced rape or sexual violence at some point, in their country, in transit or in country of asylum.
Female genital mutilation (FGM) includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons.

World Health Organisation

FGM is classified into four major types:

- Clitoridectomy: partial or total removal of the clitoris
- Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora
- Infibulation: narrowing of the vaginal opening through the creation of a covering seal.
- Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. (WHO)

Background Information

- Practice mostly carried out by traditional circumcisers who often play other central roles in communities e.g. attending childbirths
- More than 18% performed by health care providers, trend is increasing.
- No health benefits for girls and women.
- Violation of human rights of girls and women
- Reflects deep-rooted inequality between the sexes
- Constitutes an extreme form of discrimination against women.
- Nearly always carried out on minors; most common on girls 4-10 yrs.

Numbers

- Over 70 million girls and women aged 15–49 yrs in Africa and in Yemen have been subjected to FGM.
- More than 90% of women aged 15–49 yrs in Djibouti, Egypt, Guinea, Sierra Leone and Somalia are cut
- Prevalence of FGM among women aged 15–49 yrs varies widely, from 98 per cent in Somalia and 74% in Ethiopia to 2 per cent in Niger and 1 per cent in Cameroon.
It is believed not to be so prevalent in other countries, although it can also be customary among small minorities and immigrant communities everywhere.

Source: UNICEF global databases, 2011. Based on DHS, MICS and other national surveys, 1997-2010

Cultural, religious and social causes

Causes of FGM include a mix of cultural, religious and social factors within families and communities.

- Often considered a necessary part of raising a girl properly in preparation for adulthood and marriage
- Often motivated by beliefs about what is considered proper sexual behaviour, premarital virginity and marital fidelity, and reduction of libido
- Associated with cultural ideals of femininity and modesty; girls are “clean” and “beautiful” after removal of parts that are “male” or “unclean”.
- No religious scripts prescribe the practice, (Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.)
- Considered a cultural tradition, often used as an argument for its continuation.

Important Considerations

Due to the experience of FGM your client may be experiencing:

- Long-term complications due to the procedure:
  - Problems urinating, cysts, infections, painful menstruation
  - Infertility, sexual dysfunction, painful intercourse
  - Complications in childbirth increased risk of newborn deaths
  - Blood-borne diseases; Hep A, B, HIV/AIDS
  - Trauma
  - Shame
  - Avoidance of medical institutions/practitioners
Domestic Violence

After women flee from their country of origin, they face an increased risk of domestic violence, whether or not they were victims of violence before fleeing. The stress and insecurity caused by the situation in their country, their transit to a refugee camp or country of asylum, and the difficulty in securing basic necessities can aggravate domestic relationships and cause further violence.

Human Rights Watch, 2000

Cultural Factors

- Social norms that more commonly accept the use of violence
- More rigid gender roles which support power imbalance; women are expected to be the household carers while men are the breadwinners
- Domestic violence is considered to be a private matter or a necessary way of solving disputes, with no need for intervention by outsiders.

Domestic Violence is probably the most common form of SGBV among asylum seekers in Malta due to a number of contextual factors that further place the population at risk, including:

- Living conditions especially in detention or open centres, where couples may be accommodated with groups of single women within the same facility
- Accumulation of depression, frustration and anxiety
- Difficulties integrating in the host community exacerbate feelings of anger, frustration or anxiety, increasing the likelihood of depression. This might lead to a higher incidence of recourse to domestic violence
- Uncertainty or lack of understanding of legal status rights and their rights attached thereto
- Increased alcohol intake due to idleness, unemployment
- Being far from home and family and the absence of a strong social support network

“In my country, if a couple is in trouble, the family is called in to mediate and to try to help them resolve their problems. But here they are alone.”

Cultural Mediator

Often women do not seek assistance:

- As they do not know that they are protected by law and can report abuse,
• Out of fear of retribution from the abuser,
• Dependence on financial support,
• Fear of stigmatisation from their community,
• Fear of instituting legal proceedings and mistrust in the justice system on account of past experiences of persecution in their countries of origin and transit
• Fear that getting embroiled in criminal proceedings might affect their eligibility for international protection, due to a lack of understanding that the two procedures are distinct
• Fear, especially among those whose asylum claim has been finally rejected and who are susceptible to removal at any point, that reporting to the authorities would put them at increased risk of removal to their country of origin.

The language barrier, whereby the victim cannot communicate effectively in either English or Maltese often results in the victim being wholly dependent on the abuser, rendering it difficult for the victim to ever report.

Working with victims of Domestic Violence requires timely interventions through:

- Counselling
- Social work services and
- Protection for the victim

In light of the above, **service providers** should take into account the particular needs of this client group, the cultural implications and perception of domestic violence.

There is a need for provision of information to asylum seekers on local laws, procedures and norms that forbid domestic violence and basic rights that must be respected regardless of culture or belief.
The recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat of use of force or other forms of coercion, abduction, fraud, deception, abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

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

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

Background Information

- Trafficking affects every country in the world today, including Malta although no official statistics exist on the incidence of trafficking in Malta
- The majority of victims are women and children who may be trafficked for sexual exploitation, labour exploitation or organ harvesting
- According to the US Department of State approximately 800,000 people are trafficked across borders, not including the millions trafficked within their own country. Approx. 80% of these are women and girls.

Over 50,000 are trafficked from Africa, a good number of which are from Nigeria who end up being sexually exploited in European countries, particularly Italy. (http://unibenobservatory.info)

Trafficking and Malta

- It is pertinent to note that although Malta might not necessarily be the final country of destination, it can also be a country of transit where victims of trafficking are held prior to being moved to another country. As yet, there are no formal procedures providing for the identification and provision of assistance to victims of trafficking in Malta
• The trafficker perceives the trafficked person as a commodity, to whom he attaches great monetary value, rendering it difficult to believe that the victim would be left to travel unaccompanied.
• Victims are likely to be accompanied by their traffickers who might declare to be their husbands, making it possible for the trafficker to be detained and accommodated with the victim.
• Victims are likely to remain silent for fear of reprisals, as very often they would have been threatened with physical violence, or led to believe that if they do not cooperate their families will suffer. One needs to take into account that superstition many a time plays an important role so that the threat of rituals, voodoo, or other rituals will significantly affect the victim’s frame of mind. Release from detention does not mean that the victim is no longer at risk of continuing the journey or of being re-trafficked.

Recommendations

If you encounter a client who you believe could be a victim of trafficking, it is important to speak to them alone, as the person/s accompanying them could be the trafficker. You could ask them a number of questions such as;

• Who paid for your journey to come here?
• Do you owe any money? How will you pay it back?
• Can you leave your job or situation if you want?
• Can you come and go as you please?
• Have you been threatened if you try to leave?
• Has anyone threatened your family?
• What are your working and living conditions like?
• Do you have to ask permission to eat, sleep or go to the bathroom?
• Is there a lock on your door so you cannot get out?

For more information you can:

Contact Aġenzija Appoġġ who offer social work support to potential victims of trafficking, or call Help Line 179

You can also contact the Jesuit Refugee Service for legal advice and social work support.
Amongst refugees, substance misuse could be related to stressful events experienced in the homeland (e.g. being a victim of torture), in refugee camps (e.g. witnessing violence), or in the new host country (e.g. experiencing culture shock).

Johnson, 1996; Gonsalves, 1992

Our personal experience in working with refugees, together with research from other countries show that substance misuse is generally a result of trauma, loss, adjustment difficulties and disadvantage faced by this population.

Limited information exists on the prevalence of substance misuse amongst the migrant population, however a number of risk factors persist which increase the likelihood that these individuals will take refuge in alcohol and substance misuse.

Risk factors include:

- Traumatic experiences endured in the country of origin and while in transit to the country of asylum
- Difficulty in adjusting and integrating in the host community including difficulty in obtaining employment
- Poor accommodation conditions
- Social isolation especially due to disruption of family and community ties
- Newfound exposure to more freely available substances such as alcohol especially if hailing from countries where drinking is forbidden and severely punished by law
- Underlying mental illness could exacerbate the risk that an individual resorts to self-medication to deal with the issue.

Those individuals who have a pre-existing problem prior to arrival are usually reluctant to approach available support services due to several factors, including:

- Fear that disclosing a substance misuse problem will negatively impact their asylum claim, leading to a rejection of their claim with the consequence that they will have no right to stay in the country
- Language barriers inhibit individuals from speaking freely about their problems.
- Confidentiality issues relating to use of interpreters, as the individual might be afraid that confidentiality will be breached leading to
marginalization and ostracisation from the refugee community, which in Malta is relatively small.

• Lack of freely available information about support services and rehabilitation facilities make it difficult for individuals who decide they need support to seek assistance.

**Individuals commonly abuse of:**

• Alcohol
• Tobacco
• Khat

*Khat (or qat), a plant which is widely used in the Horn of Africa (Somalia, Eritrea, Ethiopia), especially by men, is a stimulant which poses a number of health concerns. Research in the UK has shown that it is used by a significant number of refugees as a way of coping with their new lives. In Malta, legislation criminalizing the importation, cultivation and sale of the plant is currently awaiting enactment.*

As rehabilitation services treat individuals once they have developed a problem, there is a need for a focus on prevention of substance misuse, especially through greater awareness on the extent to which this is used as a coping strategy.

Bear in mind that your client will very often lack the necessary community support and supervision rendering the therapeutic process inherently more difficult.

Increased sensitivity towards the particular needs of this section of the population, especially through the provision of culturally-competent care will also encourage disclosure and recourse to available health services.

For more information visit:
