



**STOP
VIOLENCE**

managed by the Commission on
Domestic Violence.

**ANNUAL
CONFERENCE
REPORTS
2017**



Table of Contents

Listen to me! Giving Children a Voice	7
Introduction.....	9
Welcoming address by Mr. Joe Gerada, Chairperson, Commission on Domestic Violence.....	9
Address by Hon. Dr Helena Dalli, Minister for European Affairs and Equality	10
Growing up in a family with Domestic Violence: Adult women’s voices of their childhood experiences - Dr Clarissa Sammut Scerri, Department of Family Studies.....	11
Panel Discussion - Children witnessing Domestic Violence	13
A forensic interview for witnesses - Dr Scott Miller	16
Summary of Recommendations resulting from Workshops.....	18
Address by Hon. Dr Michael Falzon, Minister for the Family, Children’s Rights and Social Solidarity.....	21
ANNEX 1	22
Workshop 1: Healing the invisible wounds: Children’s exposure to violence	22
ANNEX 2	25
Workshop 2: The child’s voice and how we can hear it better.....	25
ANNEX 3	30
Workshop 3: Profiles of Behavioural Problems in children who witness Domestic Violence	30
ANNEX 4	33
Workshop 4: Helping Children Exposed to Domestic Violence	33
ANNEX 5	39
Workshop 5: Maternal Alienation – When the Victim Parent-Child Relationship Is Undermined	39
ANNEX 6	42
Workshop 6: Violence by Children against mothers in relation to violence between Parents	42
I am Me not my Age: Health and Justice for the Elderly.....	49
Introduction	50
Opening Sessions.....	50
Second Session.....	55
Roundtable Discussion: Together making change	59
Final Floor Discussion	61
Closing Recommendations	62
Contributors	63

Listen to me!
Giving Children a Voice

**Commission on Domestic Violence
Annual Conference**

Report drawn up by: Ms Alexia Young
Date and time: Friday 24th November 2017, 08:00 - 15:30
Venue: Radisson Blu Resort, St. Julians



Introduction

This report is based on the conference presentations, discussions that followed and the workshops held during the course of the Conference.

Direction and reporting for the workshops was prepared by the following persons:

Workshop	Chairperson	Rapporteur
1. Healing the invisible wounds: Children's exposure to violence	Dr. Roberta Attard	Ms. Emma Portelli
2. What about me! Understanding the child's view of violence	Dr. Brenda Murphy	Ms. Krista Tabone
3. Profiles of behavioural problems in children who witness Domestic Violence	Mr. Bernard Caruana	Ms. Joyce Schembri
4. Helping Children Exposed to Domestic Violence	Dr. Cheryl Azzopardi	Ms. Christine Marchand Agius
5. Maternal Alienation: The targeted parent. When the victim parent-child relationship is undermined	Ms. Elaine Compagno	Ms. AnneMarie Grima
6. Violence by children against mothers in relation to violence between parents	Ms. Roberta Agius	Ms. Pauline Borg

The Annual Conference 2017 kick-started the 16 days of activism; a campaign that runs from the 25th of November, the International Day for the Elimination of Violence against Women, to the 10th of December, the Human Rights Day. This conference, which focused on children in Domestic Violence, is one of the many activities held during the 'love doesn't hurt' campaign. All State organisations and NGOs were applauded and thanked for working together on the various events.

During the Conference the theme song "Kun Kburija¹", produced specifically for this campaign, was also launched. In addition, videos were presented by the Commission for the Rights of Persons with Disability (CRPD) and the Foundation for Social Welfare Services (FSWS). This conference was also live-streamed.

Welcoming address by Mr. Joe Gerada, Chairperson, Commission on Domestic Violence

In his opening speech Mr. Gerada recognised that from a legislative and operational perspective, 2017 was a very intense and productive year. In spite of this, continuous work is still necessary to keep improving and developing. According to Mr. Gerada, in 2017 notable developments were made in collaboration with other organisations such as the Good Shepherd Shelter, the Malta Girl Guides, SOAR, the Education Department and other NGOs, as well as, public entities. Other activities which were prominent during 2017 included

the "Full Cooperation: Zero Tolerance" project, training on the Istanbul Convention to members of the Judiciary and the cooperation, as well as, active participation of the Steering Committee.

Mr. Gerada argued that all these activities evince the dedication and commitment of a number of NGOs and public entities who, in a more creative and innovative manner, are going beyond what they are obliged to do. A number of persons have showed goodwill, commitment and integrity in order to become more client-oriented. This was visible especially from the development of competencies, initiatives for cooperation and the increase in professionalism.

Making reference to the report drawn up by the European Institute for Gender Equality (EIGE), Mr. Gerada said that it shows that there are a number of positive aspects to look at, but it also shed light on particular areas that necessitate improvement. Notwithstanding, numerous organisations have come together to contribute actively to this campaign and work hard on improving the present situation.

The necessity of involving sectors which are not directly associated with the area of Domestic Violence was also highlighted, as was the need to focus on the principle of equality. This is mostly evident in the drawing of policies which adhere to such principles even in sectors that are not clearly linked to Domestic Violence. Thus equality should be a principle underlying the legal framework of society. One example brought to light was the pension cheque which is currently issued on behalf of the contributor of National Insurance. One must question whether such policy is based on the principle of equality and whether it is time to open such debate.

¹ Kun Kburija, produced and presented by Joe Brown, Ozzy Lino and Darren Marmara. Can be accessed online <https://www.youtube.com/watch?v=mHRztKsrH9E>.



DOI Photo: Charles Zammit

Address by Hon. Dr Helena Dalli, Minister for European Affairs and Equality



Minister for European Affairs and Equality Helena Dalli referred to the Gender-Based Violence and Domestic Violence Bill, intended to mainstream the provisions of the Istanbul Convention into national law. She said that the government is not only working to address domestic violence, which she described as 'society's cancer', in the short run but is future-proofing policies through the creation of an inter-ministerial strategy. The latter creates a structure, systematic actions involving agencies and institutions to fight gender-based violence.

Minister Dalli noted that while in the field of gender-based violence, no two cases of violence are alike, the Government must strive to protect all against it, and this is why full-cooperation between all stakeholders across ministries, is required for the strategy to be implemented successfully.

Dr Dalli also reiterated that as a result of the commitment of the Maltese Presidency of the European Union on the issue, the EU was able to make a historic step forward in terms of combating violence against women by signing the Istanbul Convention in 2017.

With reference to the main theme of the conference, Minister Dalli maintained that children are central to this issue as they are first-hand witnesses of violent episodes in households and this increases the need to educate children on issues of equality from a young age. Dr Dalli said that the Government is committed to give children in situations of domestic violence a voice, and full protection.



Growing up in a family with Domestic Violence: Adult women's voices of their childhood experiences - Dr Clarissa Sammut Scerri, Department of Family Studies



The research presents the voice of women who were caught up in families suffering from Domestic Violence. One of the women participating in the research noted that the whole context of the family needs to be taken into consideration. Domestic Violence does not necessarily happen on a daily basis, and in some cases, the perpetrator might even have a good relationship with the children.

As found by the FRA (the European Union Agency for Fundamental Rights) prevalence survey which was carried out across the European Union, 15 per cent or 31,000 women in Malta have suffered some kind of physical and/or sexual violence by a current or previous partner. On the other hand, research conducted by the Commission in 2011 showed that 26.5 per cent of women in Malta have suffered physical, sexual, psychological or emotional violence at some point in their lives.

Unfortunately, no data or research regarding the prevalence of children living in violence is available at a national or international level. On the other hand, the FRA research has shown that 23 per cent of women reported to have experienced physical, sexual and/or psychological violence before the age of 15. Dr Sammut Scerri noted that children are not mere observers in incidents of Domestic Violence but are centrally involved both directly when they physically witness the aggression and indirectly when they overhear the violence.

Dr Sammut Scerri presented the findings of her study. In this study 15 persons were interviewed. The study consisted of 18 interviews (three of the participants

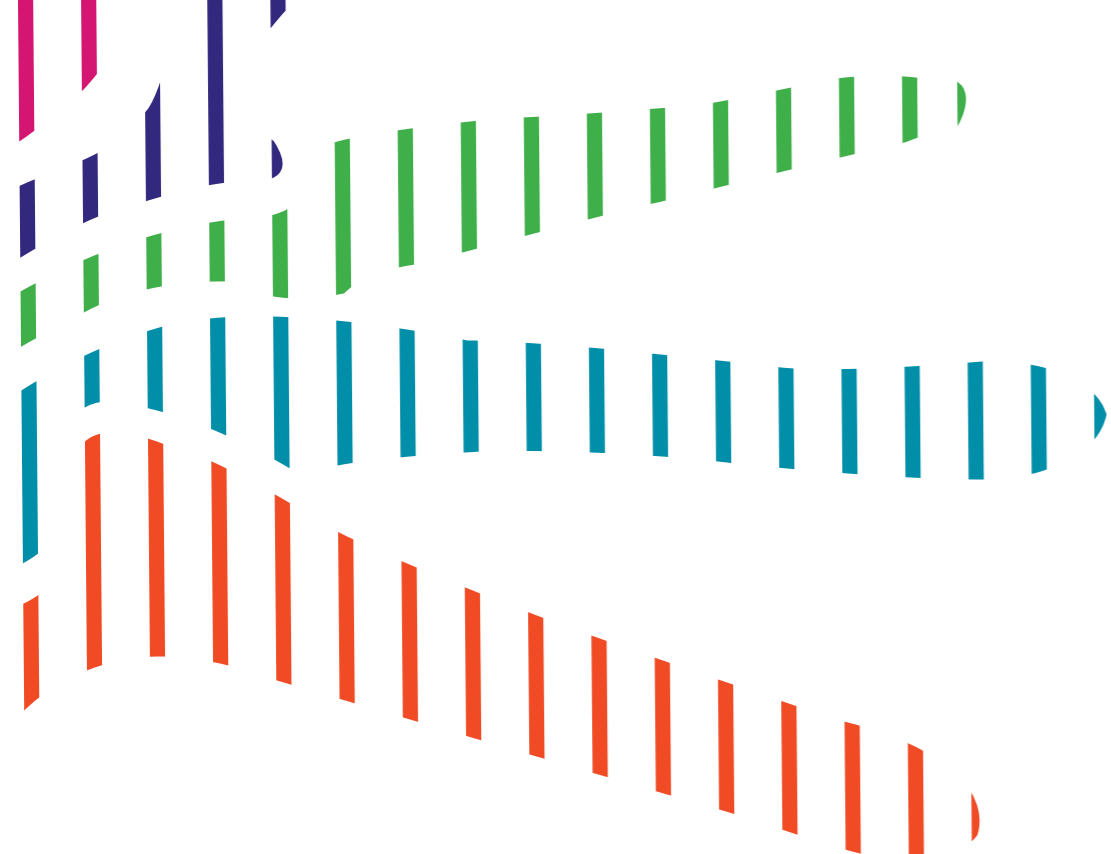
were interviewed twice) accompanied by reflexivity interviews, discussion groups with health and social care professionals in the field of Domestic Violence and member checks.

The results of the study highlighted the difficulties that such victims go through. One interviewee mentioned the challenge of living a contradictory life of love and abuse. Such situations include living with a mother who should protect you but on the other hand minimises the father's violence or living with a father who takes care of you but abuses at the same time.

The interviews presented the dynamics of a father-daughter relationship in Domestic Violence, particularly growing up in the shadow of a violent father including the dynamics of fear, love and retaliation. On the other hand, the mother daughter-relationship was also investigated and was considered to be more complicated. The mother is expected to provide protection but in some cases she asks the children to drop the police report. A victim had noted that although the father was abusive, she felt that he did not ridicule her like the mother did.

The victims interviewed noted that the grandparents were one of the sources of support. Also, they noted that methods of support and coping used included losing oneself in thoughts, playing, imagination, sports and hobbies. Good relationships with teachers were also highlighted to feature in the lives of children in Domestic Violence. Teachers showed interest in what was happening. Also, one victim noted that the fact that the teacher was a woman who came to school dressed





up nicely and was doing something valuable in her life, was a manifestation for the victim that she could be 'someone' and do something valuable as well.

When interviewed about the relationship with the father once the victim grew up; it was found that in some cases the relationship with the father was terminated and in others the father was still part of the family. In other cases, the victim would get back in touch and after seeing more abuse they would cut off the relationship once again. There were also some cases of a transformed daughter-father relationship and in such cases forgiveness and reconciliation was seen. Other situations saw a shift of a violent father into a good and respectable grandfather and the victim would even trust her children with the grandfather. One victim also recognised the loneliness that the father was experiencing. Another case saw the victim and father reconcile following the latter's recognition of his past actions.

One of the victims noted that she completely understood her abusive situation in her adult years. In

adulthood effects of the violence they went through in their childhood came out through different paths. The legacy of trauma also came out in anger and aggression managements situations which eventually created problems in new relationship. When it came to parenting the victims struggled to pass on information of what they had been through during their own childhood. The dilemma of what to tell the children was noted by the interviewees. Particularly, they would find it hard to explain to their own children why they do not visit their grandfather.

In conclusion, Dr Sammut Scerri mentioned various implications for practice, policy and service development. The need of investing in a prevalence study, in prevention, in early intervention and in consolidating the services available. The value of screening at primary health centres and of appropriate referrals was also emphasized. In addition, it is important to closely work with men both as perpetrators and fathers.

Panel Discussion - Children witnessing Domestic Violence



Moderator

Dr Lara Dimitrijevic

Participants

Dr Nigel Camilleri
Ms Josette Dalmas
Ms Maria Mangion
Dr Marceline Naudi
Dr Clarissa Sammut Scerri
Ms Pauline Miceli
Dr Andrew Azzopardi

To see what children go through in Domestic Violence one needs to look back into the perinatal period before birth. Dr Nigel Camilleri noted that it is very common for abuse to start during pregnancy. There is a lot of evidence which shows that the first thousand days are the most important since neurobiology shows us that neurons are still forming connections. Therefore, if a child is exposed to trauma during this period, the affects can be witnessed until adulthood because such experiences affect the ability to manage emotions. Dr Camilleri also noted that mothers are more at risk of postnatal depression if they suffer Domestic Violence. This depression would translate into a lack of attachment with the parent and in later years this is observed in the behaviour of young adults who project chaotic behaviour and who are unable to attach or form relationships.

Ms Josette Dalmas argued that in schools a lot of children are coming forward with cases of Domestic Violence. It was also noted that the way children react to Domestic Violence varies. Some children are aggressive while others become more withdrawn and reserved. Children become more familiar with the concept of Domestic Violence through PSD lessons in schools. Furthermore, Ms Dalmas noted how visits from the child safety services are observed to be particularly affective at Grade 4. The importance of observing children's behaviour was highlighted through a case study which presented a child repeatedly saying she was sick in order to be sent home from school. The child was so eager to reach home because the father was

threatening the child that she will find her mother dead when she returns back home from school.

Ms Maria Mangion presented the perspective of Domestic Violence shelters. She held that the experience of leaving home and getting into a shelter is extremely traumatic. Eventually, even the experience of leaving the shelter is traumatic. In some cases, children become violent themselves as a result of the desperate situation they find themselves in. Ms Mangion said that for the social workers it is important to engage with the mothers and understand that the mothers feel helpless in these cases. On the other hand, the social workers might feel helpless as well. Unfortunately, there are instances where children are stuck in a shelter and cannot go to school due to certain legal and safety issues. Ms Mangion insisted that it is important to empower the mothers, while preserving the family and validating the traumatic experiences that the children go through.

Dr Marceline Naudi spoke about the challenges that the mothers face when their children suffer. Dr Naudi insisted that to help the children, the mother needs to be helped because sometimes the attention is completely shifted away from the victim. Although things have changed and improved, women and children are still in the same situations of Domestic Violence.

Dr Clarissa Sammut Scerri affirmed that it is important to work with mothers to be able to protect the children. Dr Sammut Scerri noted that it is important to deliver training to educators on how to manage situations when children disclose their experiences. On the other hand, it is also important to work with men. In conclusion, it was suggested that prevention should be addressed on a national level in order to create a society which does not only react but provides early intervention as well. In this manner both girls and boys should understand that it is not acceptable to be violent.

Ms Pauline Miceli presented some of the findings from a research that was conducted by the Commission for Children. Through focus groups the team met up with children of different ages who had experienced violence in some way or another. Ms Miceli maintained that younger participants were not as articulate as the older ones but understood that something is wrong

since they were not at home. When asked about what made them sad, the children mentioned acts of violence which they experienced in the past. The study found that children going through such experiences bond with their teachers as these are persons who give them a lot of attention. On the other hand, when asked on what they wish for that would make them content, children mentioned that they wish to be back together with the family and showed that they would love to be settled and have relationships. The children interviewed mentioned their love for physical contact particularly with their mother, while they also mentioned how much they appreciate when people show them kindness.

Additionally, Ms Miceli claimed that when older kids were interviewed they spoke about hiding things because people around them would not understand. With regards to peers the children noted that since they would be tormented they would not let them in. The Commissioner for Children spoke about the trauma children go through when they witness a crying mother. When asked about what they would want to change, children said that they would like to be able to talk about what they are going through but unfortunately they are afraid that they would suffer even more if the aggressor gets to know. What was also evident from this study is the children's knowledge of what their neighbours were listening. Some children said that they wished that the neighbours reported as they would have known what they were going through. In conclusion, Ms Miceli spoke about the anger that the children feel and the importance of anger management sessions for the children. Also, she brought to light the fact that some children do not want to visit their father but are made to.

Dr Andrew Azzopardi said that these narratives are disgusting and have been heard time and time again. This neoliberal attitude allows for such cases to be disclosed and then forgotten within 24-hours. Unfortunately, although all the people in this field work endlessly to improve things, it is a shame and a tragedy that we are still talking about these things. Dr Azzopardi mentioned that although new programmes have been provided, among other things, we have failed and we should not be celebrating what we have achieved but realise where we need to go.

During the questions from the floor Dr Clarissa Sammut Scerri was asked on other realities; for instance, when the mother leaves the house alone or with young children while other children are left behind. Sometimes in such situations the mother is convinced that the father can take good care of the children who were left behind. Ms Miceli added that it is very worrying and dangerous that children are left with the perpetrator. On the other hand, Dr Naudi said that in such situations the father can manipulate the children against their mother which can result in the mother not having contact with the children. The importance of assessing children individually and early was also noted as this would advocate for early focus on the child.

The role of the carers with regards to the parental visits was discussed as children would lose trust in their carers as they are the ones who send them to visit their father, only for the sake of legal obligations. The possibility of giving the children the right to decide whether to visit the perpetrator was also discussed. The idea of the perpetrator proving he or she is a good parent before being allowed visitation was also mentioned since children are in need of fit parents. Ms Miceli noted that according to the new law children will be entitled for their lawyer, but on the other hand, she mentioned that the judiciary need more training when it comes to Domestic Violence and children.



A forensic interview for witnesses - Dr Scott Miller

In the United States, by Domestic Violence is generally meant - any violence between partners occurring in the context of the home, once laws were enacted to protect women and hold batterers accountable. Dr Miller described the three types of Domestic Violence as battering, resistive and non-battering.

Dr Miller described battering as a systematic and ongoing pattern of tactics such as intimidation, coercion and violence, as well as, other tactics of control to establish and maintain a relationship of dominance over an intimate partner. It is in fact much more than a simple physical attack. Dr Miller highlights the importance of the context of such cases and noted that failing to distinguish one kind of Domestic Violence from another can endanger victims of ongoing violence and it may result in inappropriate response of law enforcement, prosecution and court advocates, and, as a result, could empower the perpetrators. In fact, the police policy implemented originated from domestic cases which saw persons getting arrested over domestic assault but have done so as self-defence in the attack of another family member, also called resistive violence. Resistive violence includes both legal and illegal use of force in response to an abuser's coercion and controlling tactics or in reaction to other means of violence against them as women.

Dr Miller presented the Duluth Model which is an organizing method that prioritizes victim safety and offender accountability within a social change framework. The model, based on the power and control wheel, guides organisers to build interventions within systems that are aligned with the lived in experience

of victims. This coordinated community response features an inter-agency effort to change the climate of tolerance of battering by institutionalizing practices and procedures which centralise victim's safety and offender accountability in domestic assault cases. The power and control wheel was developed in 1984 in partnership with women who had been battered. Dr Miller mentioned that with emotional abuse we can all see a time when one is emotionally abusive. On the other hand, in a relationship of battery, this goes along with the battery the victim suffered the last time.

Through his work with men in battering programmes, Dr Miller notes a difference in the parenting patterns of men. He also mentioned that as long as it is safe most battered women want their children to have contact with the father. Since our culture closely ties fatherhood to dominance and strength, men who batter often believe the children's mother and children should provide unquestioning compliance. Also, men who batter tend to believe that harming the mother does not harm the children. In fact, Dr Miller stated that in the battering programmes one of the ideas they try to share is that abuse on women is also abuse on the child.

With regards to children, Dr Miller mentioned that the term witness implies distance. In actual fact, for children who witness Domestic Violence there is no distance. Since the child lives in fear, their actions are weighed out constantly to try figure out if their actions will merit the abuser being violent towards the child.

The Control Log, a tool developed in the curriculum of the battering programmes, presents a method for the batterer to understand what he has done. In this log participants list the actions, intents, beliefs, feelings,

minimisation, denial, blame, effects on themselves, on the victim and on others. Dr Miller mentioned that they ask the participants about past incidents of violence and other non-controlling behaviour in order to make the person think about the impact of what they have done. It is important to note that people who are being violent will keep on doing it until they change their line of thinking.

During the questions from the floor Dr Miller agreed that the issue of Domestic Violence is also a gender issue, that is, an unequal balance of power between genders. In fact, Dr Miller noted that when comparing information with Chinese experts it is evident that the excuses and reasons presented by the American batterers were the same as those presented by the Chinese, and therefore this confirms that the issue is, in fact, gender based.

In conclusion Dr Miller stated that the main challenge was to create accountability of the programme. In their case, the judges will refer the perpetrators to the programme and if they fail to attend they would get prison time. Through his experience Dr Miller noted that some men really do want to stop being violent and they feel that they do not need to be judged. In fact, professionals need to channel what perpetrators are doing and not judge them, also because there might be underlying psychological issues. Through the programmes it was noted that a group process worked better than one-on-one situations as they can relate to other men going through the issue.



Summary of recommendations resulting from workshops



Research

- Better understanding how Domestic Violence affects children.
- Need for more longitudinal research regarding the long-term effects of Domestic Violence on children.
- Need for research on dating violence in Malta.
- Need for research with adult survivors.

Recommendations for Professionals

- Need for standardized protocols across entities and professions.
- Need for data sharing among professionals.
- Need for professionals to be able to interview children in a way that makes them feel safe.
- Better understanding of parental alienation.
- Need for a better co-ordination among professionals in order to reduce the number of people who the children need to speak to.
- Improving the identification of aggression vs ADHD.
- Improving of screening and early intervention.
- Provide training to teaching staff, counsellors and other staff on Domestic Violence.
- Introduce compulsory training to legal professionals.
- Need for the clarification of the law in order to improve understanding between professionals.
- Need for more education for young children especially with boys.
- Communication and acceptance between professionals coming from different areas.
- Improving communication between all entities.



- Providing safety for professionals working in the field.
- Introduction of training regarding the referral of cases needed among professionals, particularly family doctors.

Recommendations for Policy Makers

- Resource allocation for policy and practice to reflect legislation once the Istanbul Convention is transferred to national law.
- Make it possible for children to be given psychological therapy even if father refuses to sign the consent form.
- Better environments to interview children needs to be made available.
- Need for the monitoring of protection orders such as the use of ankle bracelets.
- Review of policies and legislations, especially regarding children when taken to court or when they are asked to choose between parents
- Investing in more services and strengthening of existing ones.
- Need for an evaluation of current services.
- Need for the centralization of policy.
- A Social worker should be assigned to the children specifically.
- Need for more straightforward structures, empowerment and justice in order to simplify the process for children.
- Liaising with Data Protection office to gain more information without breaking the Data Protection Act.
- Continuity of help and follow-up of victims after they leave a shelter and also in cases where the victim forgives the perpetrator in court.



- Raising more awareness about Domestic Violence.
- Introduction of anger management training for all children.
- Pre-marriage and prenatal training on personality disorders and toxic relationship should be introduced.
- Raising awareness on cultural narratives of parenthood and equal roles.
- Need to focus on families who are more at risk of Domestic Violence such as victims of usury.

Recommendations for Shelters

- Increasing provision of transport for victims to shelters and children from schools to shelters.
- Provision of basic commodities, such as WIFI and pocket money for children, in order to



reduce the cases where children go back to their perpetrator's home.

- Residence where perpetrators to be sent to if they are ordered to leave the household but have nowhere to go.
- Children need to receive therapy as soon as they enter a shelter with means of an interim care order.
- Need for immediate risk assessment to be carried out as soon as victim(s) enter shelter in order to provide for the safety of all persons involved.



Recommendations with regards to Reporting

- Improve risk management for children who come forward and report.
- Improve access for children to report.
- Support groups for children witnessing or experiencing Domestic Violence should not be provided in school as identification would lead to lack of attendance.
- Facilitating the possibility for teachers to report Domestic Violence cases.
- Improving access to SupportLine 179 since few children actually call.
- Improve access for reporting of Domestic Violence in the case of elderly victims, people with mental health problems and people with disability.
- Providing children the skills and information regarding how to seek help, confidence in reaching out and empowering children. Also, children need

guidance with regards to the outcomes and/or consequences of speaking out and with regards to what actually happens with the report.

- More support needed in the time-bracket between the reporting and the court hearings.

Recommendations to the Media

- Concern about the romanticisation of violence in the media
- Concern about messages regarding gender variants and gender stereotypes.
- Awareness campaigns targeting children should be made at times which are convenient for the children.

Recommendations for the Police and Judiciary

- Need for Police to conduct needs and risk assessment for every child who comes in touch with them in relation to Domestic Violence and abuse.
- Obligation for professionals to report cases of Domestic Violence.
- The judicial system needs to be more efficient in order not to waste time going up to court for no reason.
- Make the legal field more child-friendly.
- Right to impose emergency barring orders in cases of Domestic Violence should be introduced for the perpetrator to be removed from the home.
- Improve child interviewing skills for the Police and the Judiciary.
- Court decisions need to be followed up.
- Training to the Police and Judiciary regarding alienation of the victim parent and personality disorders should be introduced.
- Legal professionals, particularly magistrates, need training in understanding Domestic Violence.

Recommendations with regards to Supervised Access Visits (SAV)

- Avoid cases of children being forced to attend against their will.
- Children's opinions and wishes should be taken into consideration.



Address by Hon. Dr Michael Falzon, Minister for the Family, Children's Rights and Social Solidarity



DOI Photo: Reuben Piscopo

Minister Falzon spoke about the stigma associated with Domestic Violence which is still being felt by the victims. He stressed on the importance that professionals work together with the aim of reducing and stopping such stigma.

Dr Falzon said that teaching staff and other professionals, like doctors, should have a moral obligation to refer cases of Domestic Violence to social workers. Dr Falzon stated that although it is not easy for all professionals coming from different fields to work together, it is very important and crucial to have such coordination in such a complex area.

Dr Falzon insisted on the direction of policy making which required further effort in order to be able to get better results. In conclusion, Dr Falzon spoke about the contradiction of the terms 'Domestic Violence' given that the last place you would expect to find violence is in the domestic environment. Dr Falzon thanked everyone for the valuable work carried out in the field.



Annex 1

Workshop 1: Healing the invisible wounds: Children's exposure to violence Sub-Committees

Rapporteur

Ms. Melissa Mifsud

Workshop facilitator

Dr Roberta Attard

Number of persons attending

41

Names of participants and function

Sonia Galea – *Trainee Counsellor*
Marylyn Muscat – *Psychologist*
Suelle Micallef Marmara – *Counsellor*
Fiona Fino – *Trainee counsellor*
Karen Delia – *Trainee counsellor*
Suzanne Garcia Imbernon – *Manager*
Nicolette Schembri – *Counsellor*
Silvia Galea – *Counsellor*
Benjamin Calleja – *Counsellor*
Shaun Bartolo – *Guidance teacher*
Joseph Pullicino – *Guidance teacher*
Ruth Stivala – *Guidance teacher*
Tiziana Zammit – *Counsellor*
Daniela Bugeja – *Guidance teacher*
Roslyn Spiteri – *Guidance teacher*
Gabriel Bartoli – *Guidance teacher*
Lauren Kenely – *CSS*
Stephen Camilleri – *Education Officer*
Julian Sant Fournier – *Mediator*
Natasha Attard – *Social worker*
Rosalyn Marie Mifsud – *Social worker*
Jennifer Zammit Suban – *Counsellor*
Erica Bondin – *Counsellor*
Jessica Caruana – *Social worker*
Adriana Grech Castillo – *Social worker*
Helen Muscat – *Administration*
Sara Farrugia – *Social worker*
Ariana Attard – *Coordinator*
Shamih Sheth – *Social worker*
Geraldine Borg – *Psychotherapist*
Rebecca Cassar – *Junior practitioner*
Claire Sammut – *Director*
Sharon Farrugia – *Senior social worker*
Joanne Vella – *Trainee counsellor*
Louise Zarb – *Social worker*
Johanna Cutajar – *Trainee counsellor*
Anthea Fenech – *Trainee counsellor*
Angie Caruana – *Coordinator*
Maria Zammit Genovese – *Counsellor*
Marvic Manicaro – *Social support worker*
Sandra Schembri Wismayer – *Counsellor/Psychotherapist*

Objectives of the workshop

- To reflect on our present practice and see what we can do different from what we already do.
- To become more sensitive to the trauma that children go through and reflect on ways of how we can support them.

Key points

- Reflecting on practice for children to support them during these traumatic events.
- Reflect on our current practice and what we did till now to see how we can improve our work with the children.
- To reflect on what children want from us and on what can be done to support them.

Considerations (Problems and Challenges)

- Even though lots of work has been done in the area of Domestic Violence, we need to reflect on ways of how to continue helping these children.
- We need to re-visit our ways of practice to see how we can help these children to heal from trauma.

Recommendations

- Research with adult survivors, to see what they wanted at the time when they were witnessing violence. We need to see what we can do differently.
- Reviewing of policies and legislations, especially when children are taken to court or when they are asked to choose between one parent or the other.
- More services and strengthening of existing services.
- Evaluation of our current services.
- A centralized policy.
- In cases of Domestic Violence children should have a social worker of their own to support them.

Discussion development during workshop

The presenter gave a brief introduction of the session. Dr Attard explained that it is important to reflect

on what is being done in this area of practice. She reminded the participants that it is important that we think of what has been done over these years of practice which has been really effective. After all this time and this energy invested in Domestic Violence, we are still here discussing the same issues. Dr Attard asked what could be that we might be doing wrong.

Dr Attard recounted that on a weekly basis she still gets reports over the phone from neighbours of families experiencing abuse that they can do nothing about. She asked the participants to reflect on whether we are looking in the right direction. She suggested that we need to map a way forward and see what other avenues we can explore. These children are suffering at the hands of adults who should love them. Pictures drawn by children whom Dr Attard had worked with were shown to the participants of the workshop.

Christmas was mentioned as a difficult period of time for these children, as around us we see pictures of happy families but this is not always realistic. Violence still does not stop during Christmas. Children actually tend to suffer more because of the tension that these times bring about. Even if they are asked to prepare a Christmas card for the family, it will be difficult for them to do so.

Dr Attard presented a poem written by a child who talks about Christmas. The child mentions the night before Christmas, where his mother was being beaten by his father. Dr Attard presented a case of a child. The father called the mother stupid and humiliated her. The child was deeply affected about this. As professionals we may be failing as we keep on constructing ideas of childhood and motherhood that may condemn this behaviour.

Dr Attard explained what happens to the children during these traumatic events of witnessing and experiencing Domestic Violence. They are affected on a physiological level – if you are a victim you cannot act in any other way. Memory and concentration is affected. Children cannot do homework in a chaotic environment. Lots of therapy has been focused on the effects and symptoms of violence and that is where we are failing. We are not addressing causes that lead to violence. We have to understand what happens to the children on a physiological and anatomical level.

Dr Attard played a 911 call to the participants. She invited them to listen to a traumatic situation and see how this affects their feelings. It was noted that in a situation of emergency, the body is the first thing that is affected. Heart pounding, pressure in stomach, start feeling shaky, mouth dries were mentioned as reactions. This is what happens to the child who is living

this situation. We have to stop talking about what we are going to do for people who are experiencing these situations and act immediately. Dr Attard mentioned the reality that police and social workers have limited resources. Neighbours are scared to report.

It is important to note that unless this trauma stops, it is impossible to heal. Dr Attard invited the participants to think together on how we can help these children.

The group was then divided into three, each group containing approximately 12 persons each. The following questions were discussed:

a) What do children want?

From the discussion that ensued the following summarises the participants' feedback:

- Love
- Security
- Tranquillity
- Attention
- Play
- Happiness
- To be listened to
- Support from police
- Support from the family
- A 'normal' childhood
- Consistency

Other points added by Dr Attard:

- Being believed
- Being listened when they act out
- Being understood
- The fear that the child feels in immobilizing
- No form of healing can happen to the children without stability.

Who do they want it from?

From the discussion that ensued the following summarises the participants' feedback:

- Parents
- They want this to stop. They want the perpetrator to stop.
- They want the family to stay together.
- Help from the neighbours
- Help from 179 and the police
- Help from the teacher, even when they externalize challenging behaviour

- Support from counsellors or psychologists
- If they are desperate, they would want anyone to help
- Help from the extended family

Other points added by Dr Attard:

- Protection is everyone's responsibility. In Malta we do not like to get involved in the neighbours' matters and this reinforces the secrecy of Domestic Violence.
- As professionals we need to react when the child talks. Even though we might need to refer to other services, and other professionals might need to be involved, if the child trusted us, we need to react and be sensitive towards their story.

b) What needs to happen for this to be done and be done well?

From the discussion that ensued the following summarises the participants' feedback:

- Research with adult survivors, to see what they wanted at that time. We need to see what we did wrong and what is working
- Policy and legislation, children still want to be with both parents
- More services
- Consolidating existing services
- Evaluation of our services
- Centralized policy
- Children having a social worker of their own

Other points added by Dr Attard:

- Specialization of services can disable the provision of service. Everyone is doing his bit however they do not look at the whole picture. Responsibility of protection lies in the hands of all us. When lots of services are involved, children might have to tell their stories all over again, and this causes de-traumatisation.

In addition, it was noted that choosing between two parents could be a nightmare for children. Some children might choose the offending parent because they are scared to choose the non-offending parent. Dr Attard insisted that this is a subjective issue. We cannot have a template that fits everyone's case. Children might not want to answer their question. In conclusion it was noted that children who suffer from Domestic Violence have it in their body, they felt it, thus they will tell you what they are feeling and what kind of help they really need.



Annex 2 Workshop 2: The child's voice and how we can hear it better

Rapporteur

Ms. Krista Tabone

Workshop facilitator

Dr Brenda Murphy

Number of persons attending

28

Names of participants and function

Sarah Calleja – *Fondazzjoni Suret il-Bniedem*
Gillian Barbara – *Fondazzjoni Suret il-Bniedem*
Nandy Zaffarese – *FSWS*
Marita Sammut – *FFWS, President's Foundation*
Chiara Vassallo – *Counsellor: St. Clare's College*
Stephanie Miki – *FPSWS, Appoġġ*
Roberta Azzopardi – *FSWS, Appoġġ*
Clara Attard Formosa – *FSWS, HBTS*
Stephanie Casain – *MEDE*
Charlene Agius – *MEDE*
Mandy Xerri – *MEDE*
Gabrijel Monsueto – *MEDE*
Jacqui Micallef – *SOAR*
Doris Bunsley – *NCW Malta*
Bruno Zahra – *Legal Aid Malta Agency*
Louise Grioli – *Appoġġ Msida & Birkirkara Community*
Dr. Stephanie Caruana – *WRF*
Rosanna Cassar – *Social worker, Appoġġ*
Mirae Zammit – *FSWS, Appoġġ*
Malisa Lusso – *FSWS, Appoġġ*
Clarisse Sammut Scerri – *UOM*
Colette Farrugia Bennett – *FSWS, Appoġġ*
Sarah Tabone – *Care plan coordinator, CCF*
Joanna Xuereb – *Independent*
Gianella Caligari – *Psychology assistant, Mental health*
Deborah Francalanza – *Mental health, Care plan coordinator of CCF, Support worker at Richmond Foundation*
Esther Zammit – *Mental health, Care plan coordinator of CCF, Support worker at Richmond Foundation*

Objectives of the workshop

- To reflect the effects of Domestic Violence on children.
- To find means and ways of how we can assist children in such situations.

Key points

- Effects of Domestic Violence on children, how to improve outreach and services, how to better understand how Domestic Violence affects children.
- Professionals often find themselves in situations where direction on cases is ambiguous. All professionals actively working with children expressed the need for standardized protocols across entities and professions.
- The media gives out dissonant messages about violence which are picked up by children. Professionals are concerned about the romanticization of violence.
- Professionals are also concerned about the messages which children are receiving about gender variants and gender stereotypes. Negative stereotypes may prohibit children from free expression.
- There is need for more longitudinal research to fully understand the long-term effects of Domestic Violence on children.
- There is need for research on dating violence in Malta.
- Professionals highlighted the need for data sharing amongst professionals so as to improve quality of service and reduce duplication of services.
- We need to take the burden of reporting off the child, and improve risk management for children who do come forward.
- The police should conduct a needs and risk assessment for every child who comes in touch with them in relation to DV and abuse.
- Children need to be questioned by professionals in a manner which makes them feel safe. Often professionals must make children feel disbelieved because they need evidence.
- Concern was expressed in relation to resource allocation for policy and practice to reflect legislation once the Istanbul Convention is transferred to national law.
- The need for the Judiciary to be more aware of the voice of the child. Child advocates should be used more regularly in court proceedings involving DV.
- Professionals need to better understand parental alienation.

- More coordination is needed by professionals in order to reduce the number of people who the children need to speak to, and consequently reduce secondary victimization.
- Children must be followed up following situations of Domestic Violence. Often children are only followed upon the request of a parent or because they come forward at school. Many children do not access support when living in situations of DV.

Considerations (Problems and Challenges)

- Data sharing amongst professionals is highly important however there are a number of ethical considerations in relation to data protection.
- It is essential that the police begin to conduct assessments with all children who come forward in relation to DV and abuse; this is a national obligation in line with the Istanbul Convention and the Victims of Crime Act. Police need to be aptly trained and supported, and resources need to be made available in order for this to actualize.
- Concern was expressed in relation to resource allocation for policy and practice to reflect legislation once the Istanbul Convention is transferred to national law.
- Better environments to interview children need to be developed and made available.
- Monitoring of protection orders is an essential and immediate need. Ankle bracelets should be used in order to monitor as currently the burden of proof falls on the victim.
- Police need to be given the right to impose emergency barring orders in cases of DV. In such cases the perpetrator should be removed from the home and not the victim. This will require amendments in the legislation, training, and a re-vamping of the current use of shelters.

Recommendations

- For the law to be stricter with Domestic Violence.
- More empowerment and justice.
- More listening to the children's perspective.
- More straightforward structures.
- Action
- More training; top-down and down-up.
- More concrete resources.
- More professionals to be trained to provide the child with a safe environment if they would like to express themselves.

- To work better in an interdisciplinary manner.
- No one should live in fear – no violence
- Spread the knowledge and give support.
- Training.
- Support, giving the voice to key workers, and training to all professionals.
- Shelters for men and not for women – for perpetrators.
- Clarification of the law, understanding between professionals.
- Zero violence to be actually taken up by court, for DV to be taken more seriously.
- Professionals to be more socially active.
- Should a man be found guilty of DV he should forfeit his assets to his wife.
- Help for abuser to break the cycle and adopt a more holistic approach
- Words into action
- Education for young children especially boys
- Communication and acceptance of each other's different professions
- The rights of the child to exceed the law
- Monitoring of protection orders.

Discussion development during workshop

Dr Murphy noted how following Dr Sammut Scerri's presentation and the panel, the child's voice and how we can hear it better will be discussed. Dr Murphy asked participants what, in their opinion, the key issues were in relation to the child's voice.

One participant expressed that there is a lack of direction regarding what tangible action can be taken when issues crop up, specifically in a school setting. It was also stated that we all know what the issues are, but we do not know where to go from here. In addition, concern was expressed about the dissonant messages which society gives children about violence, and about the meanings which children are assigning to these dissonant messages. It was reiterated that we, as a society, have normalized messages about violence. Also, participants expressed concern about the ratio of violent to non-violent productions which are released in the media.

Concern was also expressed about sexual and gender variants and the messages we give children about how they express themselves. The questions 'What is the experience of children experiencing sexual variants or gender variants?' and 'Do homosexual men need to be more feminine?' were raised. It was also emphasised that the media regurgitates stereotypes about gender and sexual variants which children feel that they must follow.

The next topic raised was how children are experiencing emotional and financial violence, and the need for longitudinal research to investigate how these experiences affect adult children of Domestic Violence was emphasised. Dr Clarissa Sammut Scerri explained that in the research which she conducted all areas of Domestic Violence were covered, including emotional and financial abuse. She advised that she was struck by the children's anger in their own adult relationships which was something that they needed to manage. These children as adults were also more cautious of anything that may be interpreted as coercive in relationships. The need for more research and direct action concerning dating violence was also expressed.

The next point brought up was the need to consolidate the information at hand into a system so that if professionals will have a protocol to refer to when they are alerted of concerning circumstances. Over and above referring, professionals need to know what to do there and then. Participants expressed that they were struck by Scott Miller's presentation, in that people in the US don't seem to have to think about what they need to do, there is a structure. It might not be perfect but there is a clear protocol.

One participant expressed concern about putting the responsibility of reporting abuse on the children, and stated that risk of the child being attacked by the perpetrator increases once they speak to a professional. In addition, Dr Murphy stated that we need to formalize responses following the Istanbul Convention.

The next point which was raised was prevention of children experiencing Domestic Violence. A number of participants reiterated that whilst we know that the problem exists, there is no knowledge on how to prevent it from happening. One participant stated new laws will soon be passed and will be in line with the Istanbul Convention and there will also be a new policy and strategy about issues that we're discussing, so we needn't be negative. Even just reading the Istanbul Convention one can see that there are a lot of positive things which will be coming into force. Excitement about such changes coming into fruition was expressed.

Concern was expressed about ensuring that changes in legislation are reflected in changes in policy and practice. The necessary changes in policy and practice will cost many hundreds of thousands of Euros if not millions, and participants stated their concern about the amount of resources which will be made available to affect such changes.

The next topic raised was concerning the voice of the child and how we must listen to it more. It was

expressed that there is a need to focus more on the opinion and the feelings of the children, rather than feeling sorry for the children and focusing on the mother and maybe the perpetrator and presuming that the children are all right. Professionals expressed that they want to know what the child is seeing, how they are interpreting it, if they think something can be done and what the children really want.

Whether or not we see it, children are exposed to what is going on and they are interpreting it according to what is actively presented to them and to what they pick up. The European Victims of Crime directive specifically elaborates on assessment of children, and the Istanbul Convention also speaks about other conventions such as the Victims' Directive. A need for concerted actions in all directives was emphasized.

One participant emphasised that there is a lack of communication with different entities, stating that he's been in the system for 25 years and still doesn't know what is being done. The same concern was echoed by many participants. We need a streamlined set of procedures for everyone to follow. Everyone needs to be on the same railway track. The need better relationships amongst different entities and professionals was also emphasised. If we clarify the threat of data protection we can work better together. It was suggested that professionals can ask for permission from the client to speak to other professionals in times of crisis.

The next point raised was in relation to access following separation and where the voice of the child lies. Dr Murphy emphasised that the children's voices need to have the same balance and value as the parents' voice. One participant brought up that there sometimes seems to be the belief that the children have been brainwashed by the mother. The participant emphasised that we are doing a disservice to the children here. Children have an opinion and a voice and we need to be listening to it.

The need for judiciary to be more sensitive and more aware of the voice of the children was highlighted. We cannot wait until the children are 16 in order to listen to them. Often, children are not brainwashed but they are trying to survive, and they are trying to give meaning to a very complex situation. Another participant highlighted that children may not only be brainwashed by the parents, but also by the extended family. With regard to this, we need to be aware of who may be influencing children.

The next point brought up was in relation to professionals being put in a position where they need to provide proof about the allegations which are being made by the child. We're constantly giving the children this impression that we may or may not believe them due to the need to be tentative and gather more information.

The entire group agreed strongly that the police need to do an assessment there and then in order to implement emergency barring orders. Whilst the group recognized the challenges that this may pose, it is essential that something is done at the time of the first police intervention in order to protect children from the potential dangers which may arise from the perpetrator following police contact. Presently, the police are usually accompanied by a social worker when they need to interview children urgently.

One participant recalled the conference organized by SOAR following recommendations from DV survivors, and that some of the biggest issues raised in this conference were issues with the police and law courts. The need for further police training was emphasised with specific reference towards assessment in DV situations.

Another issue which was brought up was that protection orders are not monitored. A number of members recalled that this issue was also brought up during the 2016 annual conference and expressed concern about the fact that nothing has yet been done to amend this. A recommendation for ankle bracelets to be used once a protection order has been issued was made.

The needs of the child in relation to court were also emphasised. One participant mentioned that she is aware of a case where the mother is being accused of abusing her child and the child had no representation in court. The participant explained how there seemed to be no protocol for this in court and that none of the professionals involved in the case knew what to do.

A representative from Legal Aid Malta advised that when a child needs to be legally assisted, a request can be made in court for the child to be appointed a lawyer. The question which next arose was who needs to make this request? One participant advised that the police often do not recognize the need for a victim to have *parte civile* representation, even though it is a right afforded to them under the Victims of Crime Act. Normally the child is accompanied by a different social worker to the person who did their assessment.

Dr Murphy asked how can we give children a voice and make sure that they remain safe when expressing their voice. One participant suggested that campaigns to target perpetrators showing the real consequences of abuse. Dr Murphy stated that once the Istanbul Convention goes through the third reading, there should be a nation-wide campaign to speak about the consequences of DV. The need to wait for the Istanbul Convention was emphasised so that any campaigns can be based on any gaps which still need to be filled. The next topic raised was in relation to the provision of support the carers of the children, and consequently to support the children who are actually experiencing violence.

Dr Sammut Scerri stated that there's a lot of work to be done, and there are a lot of things that can be done to work with the mother and children drawing from systemic therapy and trauma therapy. There's a lot of information Dr Sammut Scerri's research. If the violence has stopped and the mother is ready to begin getting in touch with what she went through, if the mother is ready she can access help with the child.

The next concern highlighted was that children have to speak to too many professionals. First a social worker, then a psychologist, then supervisors, and child advocates. The need for shared information amongst different professionals was once again emphasised. One participant explained that when there is a report of sexual abuse the police usually go to schools to collect the information. Unfortunately, cases do not always occur in a manner in which a protocol can be followed strictly.

One professional highlighted that if we are working on an interdisciplinary basis we should be asking the questions once and you have one file; and in each case professionals can work together in order to minimize the amount of times that the child needs to be repeat. Appoġġ safe house is used for instances in which police need a place to interview children. Perhaps the scope of this safe house can be broadened.

The need for training to be provided to other professionals who do not work directly with Domestic Violence was also highlighted. One professional explained that they had an experience with a doctor who treated a child very rudely because she wasn't aware of how to work with children with disability. The professional felt that the doctor was shaming the child, even though the doctor was aware that the child was coming from a residential setting for children with

disability. The need for training on Domestic Violence to the general public was also mentioned.

Dr Murphy asked the group: what can we do to better hear the voice of the child? How can we minimize the psychological trauma of speaking up? One participant asked if children are being followed up after their parent's come forward about DV. One social worker explained that the mother is supported by the DV social worker. Children living in shelters are supported, and there is also an attempt to communicate with the schools to see that they're receiving support from there. It's often not quite clear cut.


One participant explained that as soon as the court case starts, the children are 'left alone'. Although the mother is supported, children only receive support from school if their behaviour is affected. Some participants agreed that children should know what's happening in a court case and that there needs to be someone who is informing them. One participant recalled a quote which echoes the experience of the child in DV cases: 'Jien il-lehen li hadd ma jisma'.

Ideally, the parents would be in a position where they can explain to their children what is going on, but it is not always possible. Over and above children are being exposed to sexual violence and emotional abuse. The mother often doesn't want anything to do with Domestic Violence services because she knows she's a victim of Domestic Violence, but she feels that reporting will make her situation worse because of drawn out law battles, finances and so on. How can we support the children in these instances?

One participant highlighted that when a woman leaves an abusive partner the risk of being murdered increases 6 times, there are also financial repercussions. Sometimes leaving is not the best option. Another participant suggested that we may need to challenge existing law and policy.

Another participant highlighted that there is a law that causing fear is a crime, and maybe this is where we need to be pushing. The experience of professionals present, echoed that police often do not move forward with this accusation unless there are other 'more visible' signs of Domestic Violence.

In conclusion Dr Murphy emphasised that we must keep in mind that if we're supporting the mother, we're also supporting the child.



Annex 3

Workshop 3: Profiles of Behavioural Problems in children who witness Domestic Violence

Rapporteur

Ms. Joyce Schembri

Workshop facilitator

Dr Bernard Caruana

Number of persons attending

18

Names of participants and function

Jessica Bonello – FSWS
 Elina Zalkaline – St Clare's College
 Gail Debono – Corradino Correctional Facility
 Clare Camilleri – Corradino Correctional Facility
 Kimberley Vassallo – FSWS APPOĠĠ
 Louise Tabone – Maria Regina College
 Nabtouska Cassar – NSSS St Nicolas' College
 Marika Spiteri – NSSS St Benedict's College
 Audrey Schembri – NSSS St Ignatius/St Margaret's College
 Alexander Micallef – APPOĠĠ – Ghabex Shelter
 Carmen Farrugia – Nurse Mosta Health Clinic
 Lucy Portelli
 Bianca Chircop – Social Worker – Church Schools
 Pauline Tufflio – St Theresa's College
 Ismael Cutajar – St Theresa's College
 Puscan Anawana – Social Worker Student
 Cynthia D'Amato – DV Commissioner
 Josette Stensen – Program Sebh Shelter/ Dar Qalb ta' Gesu

Objectives of the workshop

For better identification of children undergoing or who have undergone abuse.

Key points

- Identify the profile of children with behavioural problems
- Unusual behaviour changeable behaviours
- How a child deals with problems?
- Aggressive behaviour
- Environmental background
- Academic achievement
- Loyalty to others
- Communication skills
- Care givers and their support
- Physical appearance
- Combination of aggressiveness/ recluse /retaliation /body language
- Copied behaviour from peers
- Lack of attention or focus
- Provoking authority
- Self-harm

Considerations (Problems and Challenges)

- Comparing behaviour to siblings and coping mechanisms
- How to approach the child
- Peer pressure and adults that they can trust
- Policy and referral procedures in school
- Gaining trust
- Not enough time for counsellors to deal with the amount of cases
- Intellectual disability – how to help them
- Separation and divorce
- Legal placing and no more room to provide homing – so are we causing more harm as they will be left in no man's land
- Not able to explain that it's not normal behaviour – as for them it is the norm.
- Rejected for standing up for yourself and for breaking the cycle.
- Police and not trained to support the victim – and excuse the perpetrator.
- PTSD
- Lack of Screening
- Lack of early intervention

- Lack of training to teachers, counsellors and other staff on Domestic Violence
- Incorrect/incomplete diagnosis, for example ADHD and OCD
- What are we doing to prevent further abuse on migrant children and prevent further trauma
- Ripple effect of lack of bonding when children are left in childcare from an early age.

Recommendations

- Resources to professionals should be improved
- Better communication between entities
- Training
- Safety of professionals
- Liaise with data protection office to gain more information without breaking the data protection act
- Community help
- Continuity of help to children after they leave a shelter.
- Follow ups after the victim forgives the perpetrator in court.
- Time frame of reporting and getting help.
- Children right and should be taken into consideration
- Child protection should be a priority.

Discussion development during workshop

The concept psychological profiling is basically taken from the forensic area which can be an organised or a disorganised dichotomy. Organised criminals, according to the classification scheme are antisocial but know right from wrong, are not insane and show no remorse. Disorganised crimes, in contrast, are not planned and criminals leave such evidence as fingerprints and blood. Disorganised criminals may be young, under the influence of alcohol or drugs or mentally ill.

Is there a specific profile of an abused child?
 Externalizes and internalizes: showing different features, though some common features, and tendency towards different disorders? In fact, the signs of child abuse are not always obvious and a child might not tell anyone what is happening to them. Children might be scared that the abuser will find out, and worried that the abuse will get worse. On the other hand they might think that there is no one they can tell or that they would not be believed. Sometimes, children do not even realise that what is happening is abuse. Also, the effects of abuse

may be short term or may last a long time. However, this does not mean that every child that is withdrawn or unsociable has been through abuse.

How can we identify these children and profile them? The group identified the key points. To the question how can a teacher get support when they have a child with psychological problems, one person pointed out that one teacher has an issue of the child clinging to the teacher as a surrogate mother – she requires help on creating boundaries and supporting the child. When looking at these behaviours, we need to take note of the changes as it could indicate that abuse is going on. With any excessive behaviour is a key indicator, but also it could be a combination of behaviours. Some times in schools we notice that there just a few children that stand out with misbehaviour. Why are they misbehaving? Are they signs that they are seeking attention for their problem, is it learnt behaviour that they have copied from home?

Children who do not show aggressive behaviour but are more withdrawn – withdrawn children may be more at risk as their problems are not being addressed but they are suppressing their feelings, then one fine day they will rebel to an extreme. Children may also ask questions that are a cry for help, and teachers / professionals should take note and try to provide the necessary help that is available. There are a lot of difficulties that children are now going through be it abuse, self-harm, drug abuse etc. If we have a profile does it help us to identify there is a problem or will it leave out some of the children that do not display aggressive behaviour.

Health practitioners also need to be wary of various signs of abuse, and most of the time they are accompanied by the perpetrator. How do they follow up and safe guard the child? There are cases which are very indicative but other cases are not so visible.

It would be dangerous to profile children all the same, as siblings may be affected in different ways due to their coping mechanisms, as one may be a victim of abuse and the other a witness to the abuse. So their behaviour and emotional state would be different. The abuse can manifest in various ways, so different profiles need to be established for prolonged abuse and witnessing abuse or self-harm.

When we notice a child, how we approach them? How do we provide them with help since sometimes they do not trust any adult? Guidance teachers are mostly approached by children in need, and they are stretched to their limit and more staff may be required in schools. In addition, if a child apart from the misbehaviour has an intellectual disability, how can they be assessed? Children may also be affected and need help if they have witnessed a suicide in the family, they have not been abused but their psychological profile has been altered and requires help.

When a child is removed from the home, which is a huge trauma on the child – but then we try to place the child and all the homes are full – so what happens to the child? In cases of separation, due to parental rights the child has to sometimes go to the perpetrator whether they want to or not. Some children grow up in a family environment where abuse has been going on for such a long time that they think that it a normal behaviour to model. And the abuse will continue through the generations.

With regards to migrant children, they have witnessed such traumatic events, what are we doing on the preventive side, how we can protect them? Also, what can the state do to provide resources and training to professionals working with children? Supervision and safety for professionals, working with children need to be increased.

How can the data be shared with professionals without infringing the data protection? Is the child care system creating a problem, is it removing the bonding effect with the mother? Are all caregivers screened at the child care centres? If a child is in a shelter and displays aggressive behaviour, what right and how can the professional follow up on the child if the mother returns to the home with the perpetrator? These are all questions which professionals ask. It was noted that reports take too long to be followed up once a report has been issued, while in the meantime the victim is still in contact with the perpetrator.



Annex 4

Workshop 4: Helping Children Exposed to Domestic Violence

Rapporteur

Ms. Christine Marchand-Agius

Workshop facilitator

Dr Cheryl Azzopardi

Number of persons attending

9

Names of participants and function

Sarah Micallef – *Social Worker, Appoġġ DVU*
Sylvana Calleja – *Social Worker, Appoġġ DVU*
Yvonne Pisani – *Social Worker, Appoġġ CPS*
Glorianne Parnis – *Appoġġ SPL 179*
Michelle Frendo – *Counsellor, St Theresa College*
Elaine Shead – *Social Worker, St Benedict College*
Elizabeth Zerafa – *Support worker, Appoġġ Siblings*
Dr Marthese Bartolo – *APFD, GP*
Mary Rose Vella – *Support Social Worker, St Theresa College*

Objectives of the workshop

- How schools can help children exposed to violence.
- How training can help children exposed to violence.
- The duty of reporting.

Key points

- Children exposed to violence may not know that such behaviour is not the norm.
- For certain counselling, parental consent is not required, however if parents become aware that the children are attending they can refuse to allow the child to do so in future.
- Teachers may find it difficult to identify cases when there is conflicting information.
- Counselling rooms are a safe space and children know that they can share their experiences however they still may choose to not share them.
- Children are less trusting of people they see once in a while or for the first time.
- Sometimes when children are overly aggressive they may be labelled as having ADHD when there may be other issues.
- There was unanimous agreement that support groups for children witnessing or experiencing Domestic Violence should not be provided in schools.
- Children could be identified by their peers if they were to attend support groups in school and this in turn would reduce attendance.
- Younger children do not seem to have this stigma in regards to counselling as yet.
- After school sessions are an option but there are issues with justifying why a child stayed behind at school and issues of transport.
- There were many reservations about support groups in schools involving the non-violent parent. The concerns consisted of the willingness of the non-violent parent to share in the school that they are a victim of Domestic Violence and safety for all persons involved.
- Teachers are often aware of the issues the children are going through but they do not report out of fear for themselves or even their own family's safety.
- Although children are aware that they can call SupportLine 179, very few children actually do call.
- Children are probably more aware that the violence they are witnessing or experiencing is not normal but they fear speaking out, there is a taboo about speaking out or they fear breaking up the family.
- There is an initiative whereby informal groups are held in the breaks at school. Participation is voluntary and the children choose the topics.

- Other professionals fear reporting as well. It may be an issue of responsibility in that the professionals do not want to get involved. In some cases, they may avoid involvement because of the hassle.
- It was generally agreed that the legal obligation to report should be for all professionals. When it came to the general public this was not deemed a good idea. It is very difficult to identify culpability in terms of the general public.
- Professionals should have an obligation to report however mechanisms need to improve.
- Some sort of protection is needed if people are obliged to report.
- Issue of when and to whom does one report. Protection can increase bureaucracy as well since the report would have to pass through other channels first.
- The bureaucracy of reporting depends on the pathways of reporting, how direct the reporting is, and what will be reported.
- Professionals are not afraid to report or testify but they would not want to waste time going to court multiple times for no reason.
- Teachers should be obliged to speak to their superior for action and not necessarily raise it directly to police.
- GPs are more likely to see people currently experiencing violence whilst teachers are more likely to meet children exposed to violence. There needs to be a distinction between reporting to the police and to other entities.
- It is difficult for some professionals to know where to report.
- There is a problem in terms of Supervised Access Visits (SAV) and children being forced to attend against their wishes. Mothers often send the children to SAV knowing that the children do not want to go because they fear the repercussions if they refuse.
- Legal professionals look at Domestic Violence as physical violence and they may not consider emotional or exposure as a reason to stop SAV.
- It often takes the court a long time to determine the access visits, or they may suddenly stop access and this may be seen as a punishment on the children.
- Nothing in the legal sphere is child friendly.
- The Istanbul Convention mentions the use of a support person which would be in constant contact with the person, would know the issues and who could guide or advocate as well.
- Lack of resources is also a problem e.g. female person to interview or a lack of vehicles to drive victims to shelters.
- Transport is also an issue when children are being delivered by schools to the home rather than the shelter.

- Schools organise transport to shelters but they would want supervision on the school bus.
- Appoĝ provide transport but this is offered through volunteers and thus this resource is limited as well.

Considerations (Problems and Challenges)

- Children fear sharing their experiences or fear being identified by their peers.
- Professionals may fear reporting and suffer a lack of information and coordination.
- Issues concerning safety of persons reporting.
- Issue with professionals not reporting to entities. For some professionals it is difficult to know where to report and they may depend on personal contacts.
- A lack of listening to the children themselves e.g. SAV decisions.
- Legal professionals do not attend compulsory training.

Recommendations

- Raise more awareness about Domestic Violence.
- Provide a safe space for children to share their experiences.
- Have a safe space where children are willing to speak out.
- More regular contact with the counsellors.
- Professionals need to build more of a relationship with children in schools.
- Teachers may need training in identifying signs of violence which may not be visible or easily identified.
- Teachers may need training in identifying the early warning signs of violence (e.g. certain behaviours, being withdrawn, or being aggressive).
- More talks about exposure to violence within a setting that is common to all children.
- Rather than having support groups within the schools it was recommended that groups should be provided outside the school setting.
- Train teachers in understanding and identifying problems.
- Provide a structure of safety for teachers.
- Provide anger management training for children however the training must be provided to all children.
- Provide children the skills and information regarding how to seek help, confidence in reaching out and empowering children.

- Children need guidance in regards to the outcomes or consequences of speaking out.
- Children need to be made aware of what actually happens with a report and that it does not always mean a family will be broken up.
- Children require skills in regards to speaking on the phone and safety planning.
- If awareness campaigns targeting children are conducted in the media, they should be made at times which are convenient for the children.
- Train children early on in basic safety issues such as knowing their own address and telephones.
- Have fast pathways for professionals when reporting.
- Professionals should be trained in referring cases. Training for the Association of family doctors in particular.
- Training in identifying persons exposed to violence and the process of referring.
- Legal professionals and particularly magistrates require training in understanding Domestic Violence.
- Training should also be compulsory for professionals.
- Child interviewing skills are also needed particularly for police.
- More formal observation in the classrooms when certain behaviours are observed.

Discussion development during workshop

The first discussion started with how schools can help children exposed to Domestic Violence. The first comment was the need to raise more awareness and providing a safe space for children to share their experiences. Children exposed to violence may not know that such behaviour is not the norm. In terms of a safe space for sharing experiences, it was highlighted that children are provided counselling services in schools and they are safe spaces for the children. There is an issue that when providing certain counselling in schools, parental consent is not required, however if parents become aware that the children are attending counselling they can refuse to allow the child to do so in future.

The conversation then turned to identification of children witnessing or suffering abuse. Teachers may notice children with bruises and they will speak to the child and refer the child to the child safety services. However teachers may find it difficult when there is conflicting information. One example was provided whereby a child stated that a sibling had caused the injury but when they spoke to the sibling the sibling said that a parent had caused the injury. The child continued to insist it was their sibling and thus teachers were

unsure about how to move forward about this case. This indicates the need for a safe space where children are willing to speak out. And safety may not be enough. The counselling rooms are a safe space and children know that they can share their experiences however they still may choose not to share. This could be because they are taught the importance of secrecy.

The issue of trust was also raised. Children spend long periods of times with teachers and so they trust them but the children would be less trusting of people they see once in a while or for the first time. This is why contact with the counsellors is important. One counsellor has daily contacts and visits the classrooms however counsellors and social workers will not be involved in a case unless there is a report from the teacher. So perhaps there is a need for more regular contact with the counsellors and for professionals to build more of a relationship with children in schools. Perhaps there is a need for some policy in the schools to allow all counsellors to have regular informal contact with the students. The social workers are slightly more limited in this respect. The social workers try to meet parents and schools but children can be dispersed through a variety of schools which makes this task difficult for social workers.

Teachers may need training in identifying signs of violence which may not be visible or easily identified. They may also need training in identifying the early warning signs of violence (e.g. certain behaviours, being withdrawn, or being aggressive). For example, sometimes children being overly aggressive may be labelled as having ADHD when there may be other issues occurring.

The conversation then turned to the provision of support groups in schools for children witnessing or experiencing Domestic Violence. There was unanimous agreement that such support groups should not be provided in schools. This was because children could be identified by their peers if they attend such groups and this in turn would reduce attendance. Children in schools already highlighted the problem of being identified when attending individual sessions. Such children have to leave the classroom to attend counselling and their classmates see them leaving for their session. Thus even one to one support could be difficult. It was recommended that instead there is a need for more talks about exposure to violence within a setting that is common to all children. And there is a need to remove the stigma of attending counselling. Although one participant found that younger children do not have this stigma as yet and often will want to

join their classmate in an individual session despite it not being their turn. The times such individual session occur was also discussed. One participant indicated that they do home visits and allow for sessions after school. However the workshop participants mentioned the issue of justifying why a child stayed behind at school and issues of transport.

Another discussion was related to support groups in schools involving the non-violent parent. This was recommended because this could strengthen the relationship between the child and the non-violent parent. However there were many reservations about this recommendation. One was concerning the willingness of the non-violent parent to share in the school that they are a victim of Domestic Violence. The biggest concern was in relation to safety for all persons involved. For example, safety concerns when a perpetrator turns up at the school. Thus rather than having support groups within the schools it was recommended that such specific support groups should be provided outside the school setting.

Once again, the workshop discussion turned to training needs. They highlighted the need for schools to focus on training teachers to understand and identify problems. The need for a structure of safety for teachers was highlighted as well. Currently teachers may fear reporting issues. Thus teachers need to be assisted in becoming more willing to help children. The teachers are often aware of the issues the children are going through but they do not report out of fear for themselves or even their own family's safety. There may be a need for anger management training for children however the training must be provided to all children. Although awareness raising initiatives exist there is a need for more. For example, although children are aware that they can call SupportLine 179, very few children actually do call. Therefore, children may need to be provided the skills and information regarding how to seek help, confidence in reaching out and empowering children. Children also need guidance in regards to the outcomes or consequences of speaking out. Children require skills in regards to speaking on the phone and safety planning. Children are probably more aware that the violence they are witnessing or experiencing is not normal but they fear speaking out, there is a taboo about speaking out as they fear breaking up the family. This is why children need to be made aware of what actually happens with a report and that it does not always mean a family will be broken up. And if awareness campaigns are conducted in the media, they should be made at times which are convenient

for the children. One participant shared an initiative whereby informal groups are held in the breaks at school and participation is voluntary and the children choose the topics. Children would also need to be trained early on in basic safety issues such as knowing their own address and telephones as many young children would not even know this basic information.

The conversation then turned to other professionals and the fear of reporting. Other professionals also fear reporting and suffer a lack of information and coordination. In some cases, it may be an issue of responsibility in that the professionals do not want to get involved. In some cases, they avoid involvement because of the hassle (e.g. courts). It was deemed that the way to tackle this would be through policy. For example, in Appogg SPL 179 volunteers are protected when reporting, and they remain anonymous since coordinators will testify on their behalf. However other professionals are not protected when reporting, in that they are often identified as reporting.

This then turned the discussion to the topic of duty of reporting. It was generally agreed that the legal obligation to report should be for all professionals. When it came to the general public duty of reporting did not seem to be a good idea. For example, if there is a block of apartments and one neighbour reports, how will the other neighbours be held responsible, if at all? Would they determine who was home when the incident occurred and charge them? It is very difficult to do. Thus it was agreed that professionals should have an obligation to report, however mechanisms are needed to improve. For example, one professional reported an incident and the police revealed to the perpetrator that the professional spoke out. This meant the professional was wary to report again. Thus some sort of protection is needed if people are obliged to report.

Although it was agreed that teachers would have a duty to report, there was a discussion in regards to when and to who does one report. It was felt that the teacher should not carry all the weight of reporting but rather it should be the responsibility of the school. However, this protection can increase bureaucracy as well since the report would have to pass through other channels first. Thus it depends on the pathways of reporting, how direct the reporting is, and what will be reported. It is one thing to just make a report and leave a statement with the police and it is another to have to report and attend multiple differed court cases. GPs are not afraid to report or testify but would not want to waste time going to court multiple times for no reason. So there needs to be a fast pathway for professionals when reporting (e.g. you

testify once and that's it). And also in terms of reporting, you call direct rather than be passed through multiple people or departments to make a report.

The conversation then turned to potential over-reporting due to legal obligations. It was felt that since teachers would not go directly to the police then there is some gate-keeping when reporting. It was felt that pathways need to be in place and teachers be obliged to speak to their superior for action and not necessarily raise it directly with police. Thus it depends on the case as well. For example, GPs are more likely to see people currently experiencing violence whilst teachers are more likely to meet children exposed to violence. Thus will teacher have a duty to report persons exposed to violence? And there are degrees of violence as well, and it depends on how serious a case is. And there needs to be a distinction between reporting to the police and to other entities.

There is already an issue with professionals not reporting to entities and this needs to be addressed (e.g. very few GPs report cases to Appogg). Thus professionals should be trained in referring cases. For some professionals it is difficult to know where to report and they may depend on personal contacts. It was highlighted that the Association of family doctors in particular need such training. The training would not only be about where to refer but in terms of how (e.g. do you call from the office, do you call with the person in front of you, etc). Training is needed because in some less serious cases one would need to refer to Appogg rather than to the police or to simply get the person in touch with the services. Further training would also be required in regards to identifying persons exposed to violence and the process of referring.

A side comment concerned the time between reporting and action. Within the Domestic Violence Service at Appogg, drop in cases are seen within a few days. Within schools, cases are reported within a week however if there is an emergency, counsellors will have to immediately address the case, and then they call child safety and Appogg.

The conversation turned to legal amendments required. The main issue concerned Supervised Access Visits (SAV) and children being forced to attend against their wishes. The mothers often send the children to SAV knowing that the children do not want to go because they fear the repercussions if they refuse. The issue was deemed to be a lack of listening to the children themselves. It was highlighted that the legal professionals, particularly magistrates, require training

in understanding Domestic Violence. Legal professionals look at Domestic Violence as physical violence and they may not consider emotional or exposure as a reason to stop SAV. Furthermore, it often takes the court a long time to determine the access visits, or they may suddenly stop access and this may be seen as a punishment on the children. The main issue is that the children are not being listened to before a decision is taken. And decisions are made based on a fifteen-minute meeting with the child and it should be based on a few meetings where children can adequately express their feelings and wishes. In some cases, the SAV decisions do not even make sense. For example, immediately ordering a sleepover when the child is still fearful does not make sense. Lawyers may not be even meeting the children and thus do not even hear what the children have to say as well. Nothing in the legal sphere is child friendly. The Istanbul Convention mentions the use of a support person which would be in constant contact with the person, would know the issues and who could guide or advocate as well.

Training should also be compulsory as when not compulsory most professionals will not attend. There has been compulsory training provided to lawyers in the past but they did not attend. It is very difficult to

encourage lawyers to attend. So methods must be found to encourage professionals to attend training. Child interviewing skills are also needed particularly for police.

Lack of resources is also a problem. For example, police have mentioned a lack of a female persons to interview female victims or a lack of vehicles to drive victims to shelters. Transport is also an issue when children are being delivered by schools to the home rather than the shelter. But now the schools organise transport to shelters but they would want supervision on the school bus. In some cases, they also arrange for home tuition. It all depends on the case and safety issues. The transport is also an issue for SAV when the children must make their own way back. For example, in another case the father chased the children all the way back from the SAV to the shelter. Although Appogg provide transport, this is offered through volunteers and thus this resource is limited as well.

When reviewing our discussion, one final recommendation was made whereby teachers often observe some behaviour issues in class, there may be a need to have some more formal observation in the classrooms when certain behaviours are observed. This could be a first step in early detection of issues.



Annex 5

Workshop 5: Maternal Alienation – When the Victim Parent-Child Relationship Is Undermined

Rapporteur

Ms. Anne Marie Grima

Workshop facilitator

Ms. Elaine Compagno

Number of persons attending

4

Names of participants and function

Lucienne Edwins – SOAR

Joan Camilleri – *Psychologist, Mental Health*

Alex Earheart – *Phenomenal Women*

Maria Mangion – *Service Area Leader, Appogg*

Objectives of the workshop

To prevent and address the breaking down of the victim parent - child relationship due to Domestic Violence.

Key points

- The relationship between mother and child is undermined.
- Alienation where one parent targets the other through emotional abuse.
- Black and white - child sees mother all “black” whilst father is seen as all “white”.
- Very traumatic for the victimised mother.
- Invisible abuse for both mother and child.
- Family of mother is completely alienated from child.
- The part of the child’s identity that was influenced by the mother (culture, values and hobbies) is erased by the father.
- Courts and professionals are not recognizing the link between alienation and manipulative personalities
- Sometimes due to lack of understanding of the complexities of alienation, victim is further victimized by the courts.
- Child is generally not given psychological therapy because father refuses to sign the consent form.
- Alienation starts at the birth of child.
- Detachment of self of child.
- Stockholm syndrome experienced by the child.

Considerations (Problems and Challenges)

- Lack of training across the board where the link between Domestic Violence and maternal alienation is unrecognised.
- Manipulative parents even manage to hoodwink professionals, practitioners and judiciary.

Recommendations

- A proper assessment of the relationship between child and perpetrator needs to be carried out when parent alienation is alleged.
- Court decisions need to be followed up.
- Better co-ordination between the professionals.
- Pre-marriage training on personality disorders should become standard.
- Training/PSCD in schools to recognize toxic

behaviour and personalities and how to deal with such personalities.

- Prenatal courses should include training on toxic relationships.
- Training to judiciary, police, professionals, schools on alienation of the victim parent should be introduced.
- Training to police on personality disorders should be stepped up.
- Victims need more support in the time-bracket between the reporting and the court hearings.
- Court process needs to be much faster.
- Raising awareness and having a wider discussion on culture narratives of parenthood and equal roles needs to be stepped up.

Discussion development during workshop

The discussion started with the chairperson giving the definition of maternal alienation. Then the discussion opened up with the problems that mothers and children face when alienation is the key factor in their relationship. When alienation thrives, one parent is targeting the other through emotional abuse, undermining the other partner constantly, in this case the mother. Alienation is a very subtle abuse which eats away at the relationship between mother and child through the constant undermining of the father towards the mother.

Many times the bond between mother and child is a very strong one, but the continual undermining manages to erode at the core of this relationship. The continual brainwashing of the father, putting the mother in a very bad light, does have an effect on the child - the child sees the mother and the father in a black and white way. One being all bad and the other being all good. This is very traumatic for both the child and the victimised mother. She feels she is a “nothing” compared to the father who suddenly becomes the “everything” for the child. There is a loss of identity for the victim parent who feels shame at this loss of motherhood. Her identity as a mother is stolen from her and she is left bereft, grieving a lost child - lost not through death but taken away emotionally, the ultimate punishment the perpetrator inflicts on his victim, even years after leaving him.

With regards to violence by proxy it was noted that the child becomes enmeshed in this subtle blackmail by the father. This alienation is an invisible abuse on both mother and child. The child will build a wall around him/her and the mother will be unable to reach him/her anymore. On the outside it seems to be a choice made by the child. The child is sometimes involved and recruited in the

violence against the mother, made to express hatred or send hurtful texts or emails. Children have been coaxed to make false allegations against their mothers, even taking it as far as court. This is a very bizarre phenomenon, but it is related to Stockholm syndrome where the child attaches themselves to the aggressor so as to alleviate themselves from the role of the victim which they had back when they were emotionally connected to the victim-mother. Here there is the detachment of the self of the child where he/she shuns off any maternal identification and takes on only the paternal one.

The childhood years are lost forever for the alienated mother who misses out greatly on the quick-changing formative years of their child. Alienation also spreads onto the maternal family where the child is emotionally removed from them and the family is demonised. To please the father, who uses attention and gifts as a carrot and stick, the child will refuse to connect with anyone or anything that has to do with the mother, including friends or acquaintances of the mother. The child disconnects completely and the whole identity of the child which was influenced by the mother is wiped out.

The importance of starting them early was discussed. Sometimes alienation can start before the child is born, where the father would have started undermining the mother and threatening to take away the baby once it is born. This is not often recognised as alienation, but it is a surprisingly common threat experienced by pregnant victims of Domestic Violence.

The judicial system is failing to comprehend the complexities of maternal alienation and in recognizing that maternal alienation does exist as part of Domestic Violence. The normal pattern of the perpetrator is to use the system to continue to alienate the mother from the child by using his manipulative traits of convincing the system and using his charming manner and subtle ways to hoodwink professionals. The courts have to look below the surface and study the facts well - through thorough research and proper psychological assessments. Victim-mothers realise that their child would need immediate psychological help, but if the father refuses to give his consent, the child remains without this very much needed therapy. There is a lack of knowledge across the board on the link between Domestic Violence and alienation. This makes it easier for Perpetrators to use their manipulative skills in hoodwinking professionals and the judiciary system into thinking that they are a stable fit parent while maliciously and unjustifiably harming the mother’s reputation as a mother and a person, thus further abusing her.

The social stigma experience by the mother was also discussed. Targeted mothers face a lot of negativity and

judgement from many people around them, including from family and friends. Due to lack of information and education on this subject of abuse and alienation, especially of mothers, social stigma and social sanctions are daily realities for victims and result in further isolation and marginalisation of female victims of this form of violence.

In conclusion a number of recommendations were brought forward:

- Proper and in-depth assessments between the perpetrator and the child need to be made to recognise the manipulation in the relationship. Any decisions that the court takes need to be followed up to make sure that, for example, proper therapy is being done, or sanctions are in place for offending alienating parents who do not comply. It is very important that exists a network between all the professionals involved so as no time is lost in seeing the whole picture and taking proper decisions that safeguard all involved.
- Pre-marriage training on understanding what manipulation and control is, and learning about different personality disorders is beneficial and educational for all couples. Parental skills classes and prenatal classes are a good opportunity to praise mothers’ skills and empower mothers with knowledge on toxic relationships, thus making them more knowledgeable, confident and assertive. Educating children and students from an early age about mental health and toxic behaviour is key to helping them recognise abusive behaviour in any relationships they may get into. This could have a positive impact on future generations where domestic abuse and alienation could be recognised immediately and dealt with from an early stage in the relationship.
- Training for the police, judiciary, professionals and educators on the link between a history of Domestic Violence and maternal alienation is crucial to end the suffering of families torn apart by this form of abuse.
- Victims need emotional, physical and psychological support in the time between the report made and the court hearing.
- The Police and Judicial processes need to be much faster so as to eliminate unnecessary stress and reduce any induced guilt or pressure on the victim by the perpetrator, to forgive him in court.
- A need to raise awareness across the board and have a wider discussion on cultural narratives and equal roles, thus reducing control of one partner over the other.



Annex 6

Workshop 6: Violence by Children against mothers in relation to violence between Parents

Rapporteur

Ms. Pauline Borg

Workshop facilitator

Ms. Roberta Agius

Number of persons attending

10

Names of participants and function

Lauren Aguis – *Social Worker/Coordinator MAB*
Pauline Camilleri – *Social Worker DVS, Appoġġ*
Colette Maskijevic – *Social Worker DVS, Appoġġ*
Simon Schembri – *Psychology Assistant, CCF*
Christine Camilleri – *Social Worker, CCF*
Robert Busuttil – *Service Area Leader, Appoġġ*
Bianca Vella – *Student Social Worker*
Kay Gauci – *Social Worker Programm Sebh, Dar Qalb ta' Ġesu'*

Objectives of the workshop

Enhancing support to families experiencing violence by children on parents.

Key points

- A number of young people under ten, teenagers and young adults are being violent towards their parents.
- Violence is happening in families, in Children's Home and also in shelters.
- Violence may be under reported in cases of elderly victims, people with mental health problems and people with disability.
- Parents whose children abuse drugs may also experience abuse when perpetrators need money.
- Violence is mainly targeted at the mother.
- In cases of Domestic Violence as soon as the father is out of the picture the son usually takes over.
- Generally, a one parent household is more prone for characteristics of child to parent violence (CPV). It could be because the lone parent could feel more vulnerable and worn out.
- A child exhibiting violent behaviour towards his carers has an intent behind his action.
- Young children in the Homes want control over someone else or something and this could be an initiation of a pattern. Violent traits can be identified in children at a very young age.
- Mostly, children in care will commit violent behaviour towards the person they feel close to and safe with. Both males and females get hit by children of both genders. Usually the carer who suffers most violence is the person who imitates or tries to replicate the mother figure.
- Some of the children maybe angry because their mother failed to protect them. This anger towards the mother generally remains, while very often the father is forgiven.
- Around 20 years ago Maltese women were still mostly homemakers and it was evidently even harder back then. At that time there were no support services for the victims and society was harder on women while marriage separations were very rare.
- Experiences of abuse and rejection could progress to violence from child on parent or on to younger siblings.
- Children with ADHD could be diagnosed with problematic behaviour because of their holistic behaviour and past experiences. Past traumas such as witnessing Domestic Violence or sexual abuse

which were never addressed, could be manifested in anger, on the same close person.

- Children may choose to return home with perpetrator because of lack of basic commodities such as WIFI, pocket money and friends.
- Children know that it is unjust when victims including themselves have to leave home while the perpetrator remains there. Sometimes this instigates them to believe that might is right.

Considerations (Problems and Challenges)

- When children are adults it is harder to get them out of the household.
- If perpetrators are young, one cannot leave them alone at home.
- If the perpetrator is ordered to leave the household there is nowhere to send him.
- Older perpetrator can still track victims and find them.
- Currently there are still people who are not aware or detached as regard to mental illnesses and mental health problems even within same family.
- Very often when the child needs and wants psychological help it is not available. Later when the opportunity is offered the children will refuse help by which time the situation gets worse. Apart from the waiting list there is also the problem of requiring the consent from both parents.
- Moving into a shelter is not easy neither for the mother nor for the children. Children and youths may feel shame at having to live in a shelter.
- Mothers are hesitant to report their children and incriminate them.
- The present judiciary system is not helping. If children have regular contact with the father the violence is likely to continue.
- Some mothers perceive taking their children for therapy as an extra burden.

Recommendations

- To work together in a more holistic manner; including all entities.
- To carry out thorough risk assessments.
- To provide comprehensive safety planning, through realistic plans.
- To make sure that victims are safe.
- To help people understand the escalating techniques so that situation does not escalate.

- Work on giving long term therapy to mothers and children.
- Focus on families who are more at risk such as victims of usury.
- Check that systems are in place and victims are protected.
- Children are to receive therapy as soon as they enter a Home or a shelter. An interim care order can be issued to provide for this help immediately.
- The Children's Bill will provide that children's basic needs such as school transfers, health issues and therapeutic needs can be met without parents' consent.
- Prior to providing therapy a throughout risk assessment is to be carried out to provide for the safety of all persons involved.

Discussion development during workshop

The Facilitator opened the workshop by explaining the emerging problem of Child to Parent Violence and the work that Appoġġ has conducted so far in creating a service for these cases. Facilitator quoted Mike Orland's definition on teenage CPV as; "Parent abuse is any harmful act by a teenage child intended to gain power and control over a parent; the abuse can be physical, psychological and financial".

The first point discussed was that abuse is not only being presented by teenagers. Participants claimed that they received reports of CPV generated by children younger than 10 up till the age of 25. When the behaviour of people in their 20's was investigated it turned out that the violence had started at a younger age but was never addressed. Currently the age is going down and meeting children younger than 10 who are already violent towards their parent/s is becoming more common. Violence is visible also in Domestic Violence shelters and participants mentioned examples ranging from children throwing tantrums to another running after his mother with a pair of scissors.

It was noted that the violence by young people on the elderly, people with mental illness and people with a disability may be under reported. There seems to be a lacuna in this area. On the other hand, it is known that a number of drug users use violence on their parents to sustain their habit. From a snap shot at Appoġġ in 2015, it was concluded that in such cases the elder the children, the more severe the control and the financial abuse became, at times due to the drug abuse problem.

The second point discussed was why violence was targeted mainly at the mother. A common characteristic mentioned was that in cases of Domestic Violence the father would put down the mother all the time calling her good for nothing. As soon as the father is out of the picture the son usually takes over. In such cases violence is even worse for the mother because it is more hurtful. Mothers are more restricted and reason that if they found it difficult to report their husband/ partner, how even more difficult it is to report one's own son. Generally, a one parent household is more prone for characteristics of CPV. It could be because the lone parent could feel more vulnerable and worn out. Sadly, when one perpetrator is out, another takes his/her place.

This led to discuss the situation in Children's Homes. A child exhibiting violent behaviour towards his carers has intent behind his action. As long as there is intent it is CPV. Young children in the Homes want control over someone else or something and this could be an initiation of a pattern. Mostly, children in care will commit violent behaviour towards the person they feel close to and safe with. Both males and females get hit by both genders. Usually the carer who suffers most violence is the person who imitates or tries to replicate the mother figure. Violent traits can be identified in children at a very young age. While some children externalise their anger other internalise it.

An interesting point was that some children were in care at a very young age, some only a few months old. As such these children have never witnessed their father being violent toward their mother however they are still exhibiting a lot of anger. Most are verbalising that they would physically hurt their mother because they believe that they were not able to have a father because of her. Others verbalise the anger but then do not do anything about it. Some other children are angry because their mother failed to protect them. But then they "forgive" the father and reconcile with him. A provoking thought was that while the anger towards the mother generally remains, combined with a sense of distaste and belief that she is worthless, later the father is very often trusted with grandparental responsibilities claiming he is a good Nannu (grandfather).

Another person reminded the group that years ago society was different and that there was even less awareness about Domestic Violence and mental illness. Around 20 years ago Maltese women were still mostly homemakers and it was evidently even harder back then. At that time there were no services and society was tougher on women, while separations were very rare. A particular case was mentioned of a person who

used to describe his father as evil but had not perceived that his mother was depressed and that his brother was suffering from a severe mental health problem. This person used to think that his mother was simply lazy. Even today there are still people who are not aware of mental illnesses – some people are detached from mental health problems.

Another case that was mentioned was of a girl who was in a shelter with her mother. The girl was exhibiting severe anger towards her mother following being abused by her mother's brother. This anger escalated to a point that mother and daughter had to be separated for around a year and a half and were hardly in contact. Recently they were re-united but the relation is very unstable and both are angry at each other. Experiences of disappointments, abuse and rejection could progress to violence from child on parent especially when children blame the mother for their anguish. In similar cases the violence can also be directed from abused sibling on younger siblings.

Facilitator passed on to ask if children with ADHD could be diagnosis with problematic behaviour because of their holistic behaviour and past experiences. She questioned if unaddressed past traumas such as witnessing Domestic Violence or sexual abuse which were never addressed, would be manifested in anger, again and again on the same close person.

Regarding unaddressed past traumas one of the participants mentioned the fact that very often when the child needs and wants psychological help it is not available. Later when the opportunity is offered the children will refuse help by which time the situation gets worse. Another participant mentioned the fact that it's not just the issue of waiting list regarding psychological help but also because of the required consent of both parents. A person who worked for 5 years at the CGC questioned the experience of children who are growing up with both parents but under the identity of an "unknown father" reflecting if later on in life they may feel they were betrayed for money. Such children may also be bullied at school. On the same point another participant replied that from his experience children very often will replicate the same pattern – they would say "this is the system". For such children it's not a question of identity but their reality. The issue with identity is when children are taken into care; it's very important for children to know where they come from so as to recall their values and upbringing.

Going back to diagnosis to ADHD, it was mentioned that it can be an easy solution for a simple presented

problem - medication. The professional needs to get into it and support a person to go for a private consultation. At times because of shame, mummy denies and "forgets" to tell them about problems in the family thus making others believe that the problem lies solely within the child and his/her behaviour. The role of the social worker is very important in such cases for a thorough assessment so as to create awareness about the child's environment however the fact that there are severe limitations to find placements for children with challenging behaviour was also highlighted.

In some cases, it is suggested that the mother leaves home however this is not an easy solution especially if there are other minors living with her. Moreover, when mother and children go into a shelter, the family verges into poverty and the children get angry because of change of home, schools and losing contact with relatives and friends. Many would go against the mother and ask why she didn't just stick to it. Some children would prefer to move with the father as a means for survival. Choosing with which parent to stay can depend on the age of the child and whether they witnessed violence or experienced violence themselves. If the father works and gives them money, he can win them over more easily. The presence or absence of other youngsters in the shelter and the accessibility to WIFI will also determine if the children will stay in the shelter with the mother or return home with the father.

School is also a determining factor. Young people may experience feelings of shame when residing in a shelter and refuse to attend school. There were cases when children residing in a shelter attended school and were bullied. Some teenagers retaliated by identifying themselves as either a victim or a perpetrator with their partners. Research shows that this factor can increase the possibility of gangs, rape and criminality. This actuality can occur in Malta at any point.

Facilitator reminded participants that there are children who are victims and perpetrators at the same time. She voiced the question of how can professionals empathise with such children while explaining that violence is never permitted? A participant reminded that incidents of violence on parents are escalating to a point that some cases became very dangerous. In a particular case a child used to hit his mother to please his father. At the same time mothers are hesitant to report since they do not wish to incriminate their children or their children's Police Conduct. As mothers, they always want the best for their children, but they wish the violence to stop.

A participant said that while keeping in mind that some of the abusers are victims themselves of their circumstances, nonetheless they still need to shoulder responsibility for their actions. Being violent is a choice however finding support or abusing substances can help or hinder the person to break from violence. Not being accepted by mainstream children and socialising only with peers who have antisocial behaviour can re-enforce the violence. The judiciary system is not helping either and if children continue to have regular contact with the father, violence on the mother is more likely to prevail. Conversely not all the youngsters who experienced violence ended up being violent themselves. In certain cases, where mothers remain in denial, children suffer substantially.

To wind up the discussion facilitator mentioned that so far participants had indicated three types of responses; involving the police, conducting a good assessment of the whole situation and evicting either the mother or the child from home.

As a holistic approach it was suggested that lawyers should be on board while a crises centre is to offer immediate therapy to children coming in to Homes and shelters. This is a need that cannot wait. At the same time, one needs to keep in mind that mother come to the shelters in a state of confusion. While husband /partner is phoning them to go back home, mothers will not usually be in a frame of mind to take care of their children's emotional needs since they too would be passing from a trauma. During this interim period an interim care order can ensue, ensuring that children are provided with therapy there and then. In this manner children would be able to receive help immediately since consent will be provided from the state not from the parents.

A participant pointed out that some mothers would not wish that their children receive Drama Therapy because for some, this is an extra burden. For other service users

it makes a difference if the therapist is a male or female. Children, especially boys yearn for a male role model. A number of children had to leave everything and run away from home while the person who harmed them stayed comfortably at home. These children know that this is injustice however they may end up copying their father in believing that might be right.

The Child Protection Bill, if enacted as amended, is intended to provide that children's basic needs such as school transfers, health issues and therapeutic needs can be met without parents' consent. Prior to providing therapy a thorough risk assessment is to be carried out to provide for the safety of all persons involved. This can be done through genograms and eco maps to locate where the violence is emitting from and who is it occurring on.

Reference was made to the phone call participants heard during a previous video conference. It was generally agreed that as regards the victims' safety, the worst part was when the perpetrator calmed down and became strategic. Similar to Malta, in the USA the perpetrator is arrested but released after a couple of days. Anything can happen by the time abuser is arraigned in court. Comparisons between this case and others that happened in Malta took place.

The conclusion of the discussion was that all entities need to cooperate and work better together, to make a good risk assessment of the situation while safety plan a realistic plan. Professionals need to teach people de-escalating techniques so that people will not escalate dangerous situations. Professionals and victims need to work on long term therapy. All the systems need to be in place; tracking, protection order, concerns of safety for families, any issues of criminality in general such as usury and any other situation that makes woman or family more at risk. Technology can help in tracking both victims and perpetrators to ensure safety.

**I am Me not my Age:
Health and Justice for the Elderly**

National Council of Women of Malta

In partnership with

**The Parliamentary Secretariat for Persons
with Disability and Active Ageing**

Annual Conference

Report drawn up by: Ms Martes Pfeiffer Paris

Date and time: Monday 27th November 2017

Venue: Dar l-Ewropa, Valletta - Malta



Introduction

On 27 November, at Europa House in Valletta, the National Council of Women (NCW) held their conference entitled: I am ME not my Age: Health and Justice for the Elderly. This conference formed part of a sixteen-day national activity, spanning from 25th November to 10th December, to raise awareness against domestic violence. The Conference was co-organised with the Parliamentary Secretariat for Persons with Disability and Active Ageing and in collaboration with the Commission on Domestic Violence. The conference addressed diverse aspects of life for the elderly: government legislation and policies that effect their rights and care; health services and social welfare; the economic realities that effected demography and economies and families; elderly abuse and the law; what was happening on the international scene; and finally the perspectives of social workers, who were at the front-line. This report offers a synopsis of the eleven presentations given by Maltese and international speakers, apart from the very fruitful comments, questions and discussions coming from the floor.



Photo: DOI - Clodagh Farrugia O'Neill

Opening Sessions

Title of Session

Welcome

Speaker

Ms. Mary Gaerty (NCW President)

In her welcoming speech, Ms. Gaerty, the NCW President stated that the conference formed part of a sixteen-day national activity (25th Nov. - 10th Dec 2017), that aimed to raise awareness about domestic violence. The Conference was co-organised with the *Parliamentary Secretariat for Persons with Disability and Active Ageing*. Ms. Gaerty underlined that the NCW forms part of a network of organisations set up by the *Commission on Domestic Violence*.

Ms. Gaerty indicated that the conference was fittingly concerned with health and justice, which all elderly persons deserved and were entitled to. Many people associate domestic violence with spousal abuse. Yet, abuse and domestic violence are also manifested between different members of the family. Older persons whose vulnerability becomes more pronounced with age are very often at the receiving end of abuse and violence.

In this regard, she emphasized the need to acknowledge that when one reaches a certain age, one is not divested of one's civil rights, nor of one's rights to a peaceful and dignified life. She hoped that in relation to the challenges faced by the elderly, the conference would address and reveal: what the problems are; what action is being taken and what needs to be taken on board; and how to collaborate with each other, in order that older persons can live an active life with dignity, in safety and at peace.

Title of Session

Opening Speech

Speaker

Mr. Anthony Agius Decelis, Parliamentary Secretary for Persons with Disability and Active Ageing

In his opening speech, the Parliamentary Secretary for Persons with Disability and Active Ageing spoke in detail about the following themes: the Secretariat's commitment to address issues faced by the elderly; the government's approach to the relative challenges and the implementation of correlated legislation and policy.

Mr. Agius Decelis started his speech by declaring that, issues related to the elderly's health and justice featured heavily in his discussions with stakeholders concerned with active ageing, community and long-term care. He recognized that the elderly constituted one of the most vulnerable groups in our society.

The Parliamentary Secretary identified the challenges that the elderly faced in relation to human rights, emphasizing in particular: preventive and protective measures against all manners of violence and abuse; poverty and social protection; housing and employment; legal capacity; access to justice; health support; long-term and palliative care. Each of these challenges warranted in-depth analyses and action. He indicated that the aforementioned challenges could be grouped under three main headings: ageism, elderly abuse and age friendliness.

He underlined that Government took the current situation of the elderly very seriously. Indeed, the Government had been very pro-active. It had set up a Secretariat that fell under his responsibility and had also set up the office of Commissioner for Older People with its own budget.

Finally, the Parliamentary Secretary underscored the legislation passed by this government to address any form of abuse and violence against the elderly or dependent adults, by ensuring maximum protection, even from relatives. The same legislation includes provisions to simplify victims' claims to damages from perpetrators. A further piece of legislation, the *Protection of Vulnerable Older Persons and Persons with Disability Act* will enable Malta to ratify the international convention for the protection of dependent adults.

Title of Session

Rights and Gender Equality of Older Persons - from UN Framework to EU policies

Speaker

Mr. Philippe Seidel, AGE Platform Europe

Through his presentation, Mr. Philippe Seidel from *AGE Platform Europe* gave an international dimension to the concerns relating to elderly people and retired persons. He addressed several topics, including: gender-related violence; international conventions; abuse and its many forms; age discrimination; and women's particular challenge of living longer than men.

Mr Seidel initiated his talk by stating that unfortunately, gender-based violence does not stop with age. He indicated that although there is little data about violence against older women, a 2011 survey conducted in five EU states, showed that 1 in 4 older women had experienced violence in the twelve months preceding the survey.

Mr. Seidel went on to cite a number of positive steps taken towards policy developments and directives, such as: the EU's ratification of the *Istanbul Convention, action against women and against domestic violence; the Gender Equality Index* being calculated every two years which gathered statistics on violence for both genders; and the 2015 *EU Victims' Rights Directive*. Mr. Seidel noted also the EU Commission's proposal for a *European Accessibility Act* which provides for better inclusion of older persons with age-related disabilities. He also referred to a UN study, which concluded that additional legal measures were needed to effectively protect the rights of older people.

On the other hand, he stated that elder abuse is hidden and comes in many forms, such as: financial abuse, abuse by family members or care-givers and psychological abuse. In addition, there is also abuse perpetrated by "nobody", that is the feeling of neglect, when no one cares. This tends to perpetuate the problem as people start to feel not valued in society and consequently start to devalue themselves, thus creating a self-fulfilling prophecy. Mr. Seidel also referred to age discrimination and obligatory retirement.

On the other hand, he also raised the issue of the "sandwich generation", which denotes people who take care of their own children, while also looking

after their parents. This created substantial stress for this generation and their need for a solid work-life balance model.

Another issue raised by this speaker was the challenge for women who live, as statistics suggest, longer than men. Although on paper, longevity is a desirable objection, women are possibly faced with a longer period of ill-health, financial challenges and housing concerns. In spite of these particular challenges, the gender pension gap is still almost at 40%. This makes women more susceptible to poverty and social exclusion during the last years of their life. Mr. Seidel stated that this reflects the reality behind the saying “men die, women suffer”.

In conclusion, Mr. Seidel repeated the words pronounced at the Annual Colloquium on Fundamental Rights in Brussels the week before the NCW conference: “we cannot wait another 100 years for gender equality” and to this AGE added “we want to remind you that older women as well cannot wait – some have waited for 100 years.”

Title of Session

Analyzing Methuselah: Age-Friendly Services, Social Welfare, and Care

Speaker

Prof. David Mamo, Mental Health Services Malta

Professor Mamo, addressed several issues related to the conference’s theme, namely: the diverse approaches to the concept of ageing, including self-determination of the elderly; the existing services; the way forward towards a consolidation of the health services; justice and the elderly; the question of guardianship; and better screening for the elderly.

The speaker commenced by addressing the concepts: healthy ageing, successful ageing and active ageing. He stated that active ageing is particularly important as it implied better opportunities for the elderly to enable them to remain involved. Even people with dementia have a right to participate through a substitute decision-maker, who would have an obligation to make this happen. Prof. Mamo linked

this with the question of Justice, where he discussed the role of health-carers and the need to provide prompt training to ensure the self-determination of all elderly. However, this required the right structures, policy and legislation to be in place.

Prof. Mamo listed the advantageous health services already in existence: good general health service; geriatric specialized services; community clinics; good welfare and pension schemes; active ageing policy; Commissioner for Older Persons; and very good care homes. Together with this array of services, he cited some areas as opportunities for growth, such as more accessibility for the elderly to healthcare, even within their own homes; reduction in bureaucracy to attain free-medication; integration of care services and continuity of care.

Professor Mamo displayed the roadmap towards a more robust integration of health services. He explained what had taken place, what is being done and what is planned within the national health services. The challenge was not actually the services per se, but a lack of awareness about the services. This is particularly evident among people with cognitive difficulties. The setting up of the Geriatric Mental Health Intervention Team also helped towards addressing such problems.

According to Prof. Mamo, one way of approaching such challenges is for society to discriminate positively towards the vulnerable and elderly people and refuse to see them as a burden. He expounded that institutions should go beyond saying that services exist, but should set up structures that help the elderly to get to them. He cited Respite Services, which were doing an excellent job, yet there was a need for such services to increase exponentially.

Addressing the theme of justice and the elderly, Prof. Mamo spoke about a number of scenarios that should be tackled. He cited for instance, the situations that older people faced in the process of attaining free medicine. Some action needs to be taken to lessen the bureaucracy.

Another issue that Prof. Mamo cited is the need for urgent admission to care-homes, particularly in the case of abused elderly. This topic is currently being discussed by Residential Services. Yet, challenges still exist, unlike cases of abused or neglected children, there is a structure in place. When it comes to elderly people, there is no system for one to follow and that also people tend to be reluctant to take action.

Towards the end of this presentation, Prof. Mamo referred to the question of guardianship. He stated that although Malta had good legislation with regards to guardianship, there is still more work to be done to expedite matters urgently in case of elderly abuse or neglect. In this regard, screening for vulnerability is important, particularly with dementia patients. It is important to ensure that dementia sufferers have responsible substitute decision-makers. Nevertheless, the speaker acknowledged that steps have been taken to amend the Mandate Law, which allows a person to make a decision to appoint someone with a power of attorney in case of future incapacitation. Prof. Mamo ended his presentation by saying that the latter needs more marketing to make people more aware of this opportunity of self-determination.

Title of Session

The US Perspective: Protection and Support of the Elderly

Speaker

H.E. Kathleen Hill, United States of America
Ambassador to Malta

The United States Ambassador G. Kathleen Hill gave a different perspective on the challenges faced by the elderly in the United States. She addressed a number of themes, including: the issue of an ageing population; the crime rate regarding the elderly; and the importance of education; legislation, programmes and projects that are addressing such issues.

The speaker discussed the theme of facing an unprecedented situation of an ageing world population, with all the ensuing challenges. She indicated that we need policies and programmes that focused on active ageing, in order to encourage personal responsibility (self-care).

Ms. Hill stated that although both individuals and families need to plan and prepare for old age, it is also vital that government and significant institutions in society all collaborate to address this demographic reality and to encourage opportunities for social transformation. Ambassador Hill stated that the

private sector was also an important stakeholder as could be seen from projects such as Leading Age.

Ms. Hill underlined that regrettably the elderly are also on the receiving end of abuse. The U.S. Department of Justice estimates that up to 10% of the elderly population suffers abuse, with many cases dramatically under-reported. The National Council on the Aging notes that 60% of elder abuse (physical, emotional and financial) is perpetrated by a family member. Ambassador Hill spoke about the Elder Abuse Prevention and Prosecution Act (2017), which makes provisions to increase the federal government’s focus on preventing elder abuse and exploitation, by taking a multi-pronged approach on punishing perpetrators who harm vulnerable persons.

Ms. Hill went on to speak about initiatives such as the Elder Justice Initiative that aim to support and coordinate enforcement in combating elder abuse, particularly abuse related to neglect and financial fraud that targets seniors. Ambassador Hill stressed the significance of such programmes which provide a model and handbook with real life examples to guide communities in developing partnerships, bringing law enforcement, health care, social services, non-governmental organizations and businesses together to support the elder population.

She underlined the importance of education and of creating awareness. Education improves the public’s understanding of the challenges associated with ageing and how to find the resources to cope with one’s own ageing and/or to care for the elderly. Accordingly, training and collaboration across sectors were found to be an effective strategy to promote active ageing and to respond to elder abuse cases.

Ms. Hill ended her presentation by stating that we should all be empowered to age with grace and to assist our elderly to enjoy active, productive, safe and healthy lives.



Questions and Comments from the Floor

Ms. Gaerty, the President of NCW thanked the first group of speakers for their presentations and stated that as a general comment, one should keep in mind that there is sometimes a question of omission rather than commission: the required services may exist, but people are not fully aware of them.

The first question came from Ms. Grace Attard (NCW Vice President and General Secretary of Consumers Organisation) who asked a series of questions related to education: What are the Panel's views on education? Pre-retirement Education? And on-going education? What is the role of the police-force, are they being trained? Ms Attard went on to comment about the rise of digitization and how we need to cater for easier access of services, maybe not for all elderly people, but for those who are still capable of being trained to do so. She cited the project taking place at the University of Malta, i.e. the problem of wandering people in Malta in the early stages of dementia.

Parliamentary Secretary, Mr. Anthony Agius Decelis answered that he agreed that education is the basis of everything and fortunately enough there is also the University of the Third Age and so any courses or information that government wants to push forward can be also presented to the people attending the University of the Third Age. Yet, of course, one should organize other courses including pre-retirement seminars to make people aware of what are the issues relating to retirement and the services available.

Mr. Seidel stated that education was deemed to be too long-term and what was needed actually was short-term training by and for the major stakeholders, including carers and first-responders. Pre-retirement courses for people on the threshold of retirement were also important to raise awareness about services and rights.

Ambassador Hill suggested that the involvement of the community at large went a long way to raise awareness about the elderly. She also suggested that those retired persons who were still able to remain active, could volunteer their experience and expertise, towards the younger generation.

Prof. Mamo stated that education is important, but it has to go hand in hand with policy and structure.

On another theme, Dr. Deguara stated that people were abused within private homes and the victims were reluctant to speak up, as this on most occasions involved their own relatives.

Mr. Moses Azzopardi (National Pensioners Association) spoke about age-ism and age discrimination, together with the situation of the "sandwich generation" and how the "still-at-home / unemployed generation" was effecting the older parents.

The Parliamentary Secretary, Mr. Agius Decelis responded that he had written a thesis about age-ism and discrimination against older persons. Studies continue to show that the demand for services of healthcare for the elderly is on the increase. Mr. Agius Decelis stated that Government wants to ensure that all those who are on the receiving end of these healthcare environments are provided with the right legitimate care and environment.

Mr. Seidel stated that active ageing should not start when people retire, but before and he referred people to the *European Horizontal Directive*.

An unidentified woman asked about the re-employment of retired persons. She stated that apart from the recruitment of workers coming from abroad, one should also consider the involvement of more pensioners who have a lot of experience in many areas.

The Parliamentary Secretary responded that, it is possible for people to remain working well beyond their retirement age. Yet this is an on-going debate, as we can see that there are a lot of issues that need to be discussed.

Ms. Helen Mallia (Commissioner for Older People) stated that another issue was the situation of sex-

ism that seems to still exist in this country, in spite of legislation.

Finally, another unidentified woman made a plea, that society should consider the enormous expenses faced by the elderly who live, and wish to continue living, on their own. Increasingly, it is very challenging to pay for life-long medication or to engage a carer, particularly when the elderly person is becoming less independent.

Prof. Mamo stated that if justice is to prevail, this plea should be taken seriously.

Ms. Gaerty brought the first session of the conference to an end by picking on the key words of the USA Ambassador "community" and Prof. Mamo's "integration of services", whereby she suggested that in this regard, the concept of a one-stop shop should be adopted.

Second Session

Title of Session

Economic Security in this period of Demographic Ageing

Speaker

The Hon. Dr. Maria Deguara, Shadow Minister for Persons with Disability and Active Ageing

The second session of presentations started with Dr. Deguara's presentation which addressed a number of issues: the economic security in a fast-ageing demography; the change in family structures; a look at Malta's history welfare system; situations that arise for some women reaching retirement age; and domestic violence on the elderly.

Dr. Deguara started by speaking about the economic situation in this period of demographic ageing. Although, latest statistics showed that the number of people at risk of poverty and social exclusion has been reduced on a national level, the number of elderly persons at risk had increased. She emphasized that although Malta had an ageing society (ranking 47th out of 96 countries in the *2015 Global Age Watch Index*), community life as we knew it, has changed. She expounded on the change in family structures, which also had an impact on elderly people, as the number of informal carers had decreased.

Accordingly, society has a moral responsibility to fulfil such welfare needs. This implied that apart from financial support, vital policies should address: medical needs; institutional care; the need to ensure that the elderly remain active as much as possible; and structures to enable them to live a dignified life. Studies show that Maltese women are expected to live 18 years beyond the 65-year benchmark as opposed to men's 14 years. This implies that women's financial, care and social needs will run longer than for men.

Dr. Deguara gave a cursory look at the history of Malta's developed welfare system from the 1956 National Insurance Act to the 2004 Pension Scheme. She cited the 2006 amendments to the Social Security Act and the 2007 reforms in the pension systems. She stated that a mandatory Second Pillar Pension had met with resistance and this confirmed the importance of encouraging young people to think seriously about their retirement plans.

Women faced their own particular problems with pensions, because many had never been in formal employment or had worked in family businesses or within the black economy. This meant that their pensions were either dependent on their husband's contributions or they were not in receipt of a pension at all. The result is that many older women lived in indigent circumstances. Therefore, educating young women to look ahead to their retirement is imperative.

Dr. Deguara addressed the issue of domestic abuse and how this ran through all levels of the social strata. Much of the abuse occurred within private homes at the hands of the elderly's own children. Dr. Deguara stated that as a doctor, she was always on the lookout for signs of abuse, yet unfortunately, the fear that grips many victims makes it difficult to help them, as they will deny that anything is amiss. Dr. Deguara recommended there should be stronger community services to help in lessening the dangers in such cases and to ensure a better liaison between all services.

Finally, Dr. Deguara made the following recommendations: assessment of the elderly's living requirements before policies are drawn; constant review of the social security system to safeguard older people; careful analysis of the factors underlying Malta's demographics to improve policies and services; long-term strategies to ensure adequate standard of living for future generations; when formulating policies, active participation of main stakeholders, including the older people's associations; on-going campaign to educate young people on the need for retirement investment plans.

Title of Session

Elderly Abuse and the Law

Speaker

Dr. Evelyn Caruana Demajo LLD. Adv. Trib Eccl. Melit.

Dr. Caruana Demajo gave a legal perspective to the main theme of the conference, by speaking about what the law had to say about abuse of elderly people and of vulnerable persons. She started by explaining that she would be addressing the Criminal Code provisions, specifically Sub-Title XI of Title VIII (Of Crimes against the Person) of Part II (Of Crimes and Punishments) of Book First (Penal Laws) of the Criminal Code (introduced by Act XXXI of 2014) – Art. 257A-257F.

She underlined that, she would also be dedicating time, to the Guardianship Act 24 of 2012, Articles 188A to 188D of the Civil Code.

Dr. Caruana Demajo initiated her talk by starting with definitions, specifically defining:

“Elder” which means a person who has attained the age of sixty years;

“Dependent adult” which means a person of age suffering from a degree of physical or mental infirmity which restricts his ability to carry out normal activities or to protect his rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age and includes any person who is admitted as an inpatient to a 24-hour health facility, or is a resident in, or has been admitted to, any institution offering any form of medical or psychological care”. Dr. Caruana Demajo reiterated that “knowledge that the victim is an elderly person or dependent adult is an *element of the offence*; however the offender is deemed to know that a person is an elder or a dependent adult if a reasonable person in possession of the same information would think that the said person is an elder or a dependent adult.

Dr. Demajo then addressed issues relating to the Territorial and Extra-Territorial Jurisdiction of the Maltese Courts (Art. 257F(3)). She cited the law: “Offences against elderly persons and against dependent adults fall under the jurisdiction of the Maltese Courts where: (a) the offence took place in Malta or even if only part of the action took place in Malta; or (b) the

offender is a Maltese national or permanent resident in Malta or the offence was committed for the benefit of a body corporate registered in Malta (e.g. if a manager of a home for the elderly tricks an elderly person in giving him a power of attorney and he appropriates his money for the benefit of the home); or (c) the offence was committed against a Maltese national or permanent resident in Malta.” Dr. Caruana Demajo expanded upon the applicability of Art. 121D – responsibility of legal persons: “Where an offence is committed by an officer of a body corporate (e.g. the manager of a home for the elderly), and the body corporate enjoys any benefit from that offence, then that body corporate is deemed liable together with the physical person committing that offence and will face a fine (*multa*) ranging between €20,000 and two million euro (€2,000,000)”.

Specific Offences

Dr. Caruana Demajo then moved on to specific offences, whereby she stated that “Art 257A creates the offence of causing or permitting an elder or a dependent adult to suffer under circumstances likely to produce bodily harm or death. A person who knows or ought to know that a person is an elder or a dependent adult and who, under circumstances or conditions likely to produce grievous bodily harm or death, willfully causes or permits any elder or dependent adult to suffer, or inflicts on such person unjustifiable physical pain or mental suffering, or having the care or custody of any elder or dependent adult, willfully causes or permits the person or health of the elder or dependent adult to be injured, or willfully causes or permits the elder or dependent adult to be placed in a situation in which his person or health is endangered shall be guilty of an offence and, without prejudice to any other punishment to which he may be liable under any other provision of this Code or of any other law, shall be liable to the punishment of imprisonment for a term from two to five years. The offence is aggravated if the victim suffers grievous bodily harm as a result of his action: if the victim is under 70 years of age the punishment is increased by one to two degrees, and by two to three degrees if the victim is over 70 years of age.”

Dr. Caruana Demajo referred to Art. 257B which provides for the situation where the grievous bodily harm suffered by the victim leads to his death. In this case: “if the death ensues within 40 days of the offence the punishment is imprisonment of a term from 9 to 20 years; if the death ensues after the forty days but within a year of the offence, the punishment is imprisonment of 6 to 15 years. Again the offence will be aggravated by the age of the victim and the punishment increased accordingly.” On the other hand, according to the law as revealed by Dr.

Caruana Demajo “Art. 257C caters for the same offence of Art. 257A except that under 257A the underlying circumstances are such as to endanger the wellbeing of the victim, whereas under Art. 257C, the attendant circumstances are not such as of themselves to endanger the life and wellbeing of the victim but the harm still ensues as a direct consequence of the act or omission.”

Dr. Caruana Demajo gave the example of, for instance: “leaving an elderly person in a wheelchair outdoors in stormy weather as a consequence of which he contracts pneumonia: here the attendant circumstances – the stormy weather – are circumstances of risk and these would fall under 257A. Dr. Caruana expanded on this and argued that “if on the other hand the weather is fine, but he still falls ill as a result, the offence would fall under 257C and the punishment is less severe.”

Dr. Caruana Demajo turned to the issues of theft, misappropriation and fraud. She stated that “Art. 257D: deals with Offences relating to crimes against property (theft, misappropriation and fraud), and public safety. The severity of the punishment depends on the value of the damage caused. If damage exceeds €3,000: imprisonment from 2 to 9 years. If damage ranges between €250 to €3,000 imprisonment from 9 months to 3 years. If damage does not exceed €250 imprisonment not exceeding 6 months”. She continued with Art. 257E that “deals with unlawful arrest, detention or confinement of an elder or a dependent adult. Where this offence is committed through the use of violence, force, bribery, deceit, device or pretense, improper pressure or by unlawful conduct or by threats of such conduct – the punishment shall be increased by 2 -3 degrees.”

Dr. Demajo turned to address the “Protection of Vulnerable Older Persons and Adult Persons with Disability Bill” which is still in the drafting stage. Dr. Demajo clarified that this is an Act “to provide for the protection of [the] vulnerable in particular older adults and adult persons with disability from harm and abuse and to provide protection and services to vulnerable adults at risk and to intervene in court proceedings relating to vulnerable adults and to enable Malta to ratify an international Convention relating to the international protection of adults.”

On the question of Mandate and Guardianship, Dr. Caruana Demajo referred to “Act 13 of 2016 amending the Civil Code”. She stated that “this law enables a person of full age to give a mandate or appoint someone to act on his behalf in case he is incapacitated. For example, he can give instructions whether or not he

wants extraordinary medication or intervention in case of need. The person concerned can nominate who he wants to take care of his person and to administer his property.” Dr. Caruana Demajo explained that “This has to be done by means of a public deed with a Notary.

The final part of this presentation was solely dedicated to the “Guardianship Act 24 of 2012 Articles 188A to 188D of the Civil Code”. As Dr. Caruana Demajo stated this Act has introduced the possibility of having a guardian appointed by a special Board for a person who has a mental disorder or other condition which renders him incapable of taking care of his own affairs: “The Guardian shall act in the best interest of the person subject to his guardianship and is responsible to safeguard his personal and proprietary well-being is bound to respect the will of the person subject to guardianship and should make sure that it is given effect to the maximum extent possible: is bound to make sure that the welfare of the person is promoted and fostered and shall encourage him to participate as far as possible in the life of the community, protect him from neglect, abuse and exploitation. If the Guardian abuses of his position, the Guardianship Board has the power to intervene and appoint a person to draw up a report. This is regulated by Section 519A to 527 of the Code of Organisation and Civil Procedure.”



Questions and Comments from the Floor

After thanking the two speakers of this session, Ms. Gaerty invited the floor to field questions and comments.

Referring to Dr. Caruana Demajo's presentation, Mr. Seidel challenged the idea that the term "elderly" could be tied specifically, in law, to the age of sixty. He stated that this could be somewhat discriminatory towards other age-groups.

Dr. Caruana Demajo responded that the Criminal Code actually protected all people, irrespective of age, but it also made specific provisions about crimes that concerned the elderly or the dependent adult.

Dr. Deguara asked, to what extent is the law being applied, when it relates to abuse or harm against the elderly? Dr. Caruana Demajo replied that the law was being applied and used, however one could get specific statistics about this, from the Registrar of Courts.

Ms. Helen Mallia suggested that there should be consistent monitoring of situations relating to older people, who lived on their own or with someone else in a private residence. Dr. Deguara responded by saying that very often, the elderly themselves were too frightened to speak out against their own relatives.

Dr. Caruana Demajo referred again to Guardianship Act which allowed people to nominate a trusted relative to take care of them and their affairs. This brought a general response that many people were actually reluctant to take up the role of guardian, because they feared a backlash from other members of their family or because it was also a burden in itself.

Prof. Mamo asked whether a guardian would be held responsible if, for instance, a person under his care, who suffered from dementia got injured, after wondering off alone out of her own home. A general discussion ensued that this was a dilemma, because if one locked the front door where the dementia-sufferer lived, this could be construed to be "unlawful detention." While, if one did not, there was always the risk that harm would come upon the dementia sufferer. The general response from the floor and the panel was that one should refer to the services available, to ensure supervision. Although, it was not always easy to tap these services.

Finally, it was stated that the issue of guardianship and the responsibilities related to it, was a very important topic and that a seminar specifically dedicated to this theme should be organized.



Roundtable Discussion: Together making change

Moderator:

Mr. Joe Gerada, Commissioner on Domestic Violence

Speaker

Ms. Maria Camilleri (Social Worker)

Presentation:

Elder Abuse

Ms. Camilleri gave an account of the many challenges faced by the elderly, by drawing from her work experience as a social worker. In her presentation, she defined the term "vulnerable adult", explained the definitions of abuse and discussed the conditions to which vulnerable people were subjected.

Ms. Camilleri expounded about the term "vulnerable adult", that is: elderly and frail or suffering from mental illness including dementia or having sensory or physical disability or having learning disability or suffering from severe physical illness.

She stated that abuse can occur once or repeatedly. The list of abuse is extensive and falls under the physical or

verbal or psychological abuse spectrum. Abuse could also occur by coercing someone to enter into a financial agreement or engage in a sexual act, to which the vulnerable person does not agree or is not capable of / or cannot give his / her consent, more specifically:

- Physical abuse could appear as unexplained injuries
- Financial/material abuse could result as a denial of access to money, property or possessions and related threats
- Neglect and acts of omission by withholding adequate daily care
- Sexual abuse would reflect involvement in sexual activities without consent
- Emotional/psychological abuse could be induced by instilling fear through threats of force or emotional blackmail
- Discriminatory abuse based on grounds of age, gender, race, religion, sexuality & disability
- Stranger abuse, that is targeted and 'groomed' by complete strangers
- Institutional abuse implying neglect and poor professional practice
- Cyber abuse carried out over the internet through manipulation or fraud
- Abuse of power of attorney that could be either specific (access to bank account) or general

Ms. Camilleri concluded her presentation by highlighting (anonymously) case situations that showed vulnerable people being exposed to different kinds of abuse.

Title

Social Work with the elderly at Mater Dei Hospital

Speaker

Mr. Christian Bartolo (Social Worker)

Mr. Bartolo started his presentation by speaking about referrals which came from all the in-patient departments, apart from other departments at Mater Dei Hospital. Referees included the various health professionals: consultants, doctors, nurses, occupational therapists, physiotherapists and other medical or paramedical staff.

Mr. Bartolo presented statistics that covered the period from January to October 2017, which showed the following referrals:

- 15 elderly persons due to neglect
- 5 elderly persons due to alleged physical abuse
- 3 elderly persons due to financial abuse.

Mr. Bartolo shared his experiences on case situations, listed anonymously, that showed the extent of abuse that elderly people suffered. The victims depicted in these abuse cases were both male and female.

Mr. Bartolo concluded his presentation by describing the main difficulties related to assisting acute cases:

- Most shelters only accept people who are not dependent
- Limited legal back-up
- Lack of co-operation from other professionals when cases are reported.

Speaker

Ms. Helen Mallia (Commissioner for Older Persons)

Ms. Mallia stated that in addition to the day's presentations, she wished to highlight the fact that the salient problem in Malta was, that everybody knew each other. Drawing from cases that she came across as Commissioner for Older Persons, she indicated that there was a lot of abuse on the elderly, at the hands of their own relatives. In this regard, she implied that some form of continuous monitoring of older persons, within private homes is a must. She specified that reports were made by neighbours or other relatives, about other people doing

unspeakable things to parents, including using coercive means to force the elderly person to surrender money.

Ms. Mallia also referred to Dr. Caruana Demajo's presentation about what legal provisions are available. She stated that the presentation highlighted the fact that the law was in place, but there was a lack of awareness about it. In view of this, she underlined that something had to be done to highlight the older persons' legal and human rights.

On the other hand, regrettably, many elderly persons are reluctant to come forward or admit when they are being abused by their own children. Therefore, she stated that monitoring and creating an awareness about the rights of the elderly, among the general public was a must.

In addition in today's society, there seems to be a general disinterest towards the needs or challenges of the elderly. This state of affairs made it imperative that even in schools, there should be a consistent approach in educating our young about respect for older persons. She indicated that her Commission was working hard to promote such awareness.

Finally, she affirmed that the Commission was proceeding with action whenever they received reports about abuse on an elderly person. Sometimes this happened even against the wishes of the elderly person concerned, as the latter would not have reported the abuse, the abuser being one of their own children.

Speaker

Mr. Anthony Mulè Stagno (President of the Council for the Elderly)

Mr. Anthony Mulè Stagno started his presentation by drawing on some key words / concepts that had come up during the conference.

Loneliness – he underlined that the state of loneliness is not just about being alone. One can be lonely even in a crowd. He cited his aunt as an example when stating that she had felt lonelier in a nursing home than living alone in her own home.

Not knowing – He referred to Prof. Mamo's view about old people's lack of awareness or *not knowing* about a particular service. Mr. Mulè Stagno emphasized that there was a *general* lack of awareness about available services. One reason could be the absence of proper

marketing of services on media channels. He highlighted a lack of awareness by referring to someone's suggestion during the conference, about setting up a special emergency number for the elderly, similar to #179, commonly used in cases relating to children. He drew attention to the fact that #179 was not exclusively for young people, but for anyone who is going through times of difficulty or crisis.

Age friendly – Mr. Stagno Mule stated that there was hardly anything that was age-friendly for the elderly. He cited examples such as the instructions or manual of any product which were invariably written in extremely small print. It is true that many instructions or manuals today are available online, yet he asked: how many older people were internet savvy and able to find the required instructions online?

Final Floor Discussion

Ms May Cassar commented about older people's interaction with the Internet. She stated that Grandparents Malta were offering courses to its members about the use of digital devices such as computers and smartphones: particularly on the use of Skype, as the latter allowed grandparents to remain in contact with long-distance family members. This ensures that the elderly, especially those housebound learn how to access information relevant to their needs. She stated that it is about time to assist/subsidize pensioners, who cannot afford internet charges within the home.

Mr. Joe Gerada replied that what Ms. Cassar had said made a lot of sense because technology is a way to grant many older people access to online services. Therefore, inclusion and helping the elderly to remain connected through technology is the way forward.

Ms. Doris Bingley in reply to Ms. Cassar's comment, stated that NCW has also been conducting courses on computer-use and digital connectivity for a long while. NCW does this within its life-long learner model: such as courses for the over-sixties, including courses on the use of the iPhone and Whatsapp. The latter was also particularly important to remain in touch with relatives both here and abroad. NCW had registered no less than 800 participants for such courses.

In response, Mr. Joe Gerada stated that what one has to keep a sharp lookout that these courses are not attended only by people who were well-educated. There is a tendency that many people feel diffident when faced with

tutorials related to digital devices. New ways should be found to ensure that people from all walks of life are given an equal opportunity to have access to such courses. Mr. Anthony Mulè Stagno stated that he was well-aware that local councils were organizing I.T. related courses for the elderly. He explained that he had organized, designed and given such courses to older people. He underlined a point that courses for the elderly need to be specifically designed for older people, because the latter need a specific approach when teaching them digitally related courses.

Mr. Joe Gerada added that further to Mr. Mule Stagno's statement, courses for the elderly, should only be specifically designed for the elderly, but they should also be delivered by an older person, as this could prove to be an inspiration for people who harboured a fear for anything digital.

One woman commented that a lot had been said about issues related to awareness among the elderly about services; about physical, psychological and legal abuse meted out by relatives or carers. The woman suggested that day-care centres, quite popular in many villages and towns should be used not to only to offer recreational activities, but also to raise awareness about the rights of the elderly. She posited that people like Dr. Caruana Demajo and the Commissioner for Older People or other professionals should be invited to share their experiences and knowledge. It is imperative that people are taught to be discerning about who to trust and how not to be tricked by anyone.

Yet, another woman responding to the previous speaker's comments, stated that she had been managing day-care centres for two months and efforts, to divide the time dedicated towards popular games or other recreational activities with other more informative activities had proved very unpopular with the elderly. Yet day-care centres are striving to offer a variety of activities, including informative sessions.

Closing Recommendations

Speaker

Mr. Joe Gerada, Commissioner on Domestic Violence

1. There should be more awareness of the existence of services related to older persons and how these operate. It was suggested that day-care centres should be utilized to host informational sessions about such services, the law and the rights of elderly people.
2. Young people should be educated about the importance of planning one's own financial security, particularly to enable them to remain as independent as possible upon reaching their retirement.
3. There should be constant monitoring of older people particularly those living at home alone or with relatives.
4. Different departments, services and agencies should work towards a better synergy.
5. Government should seriously take into consideration the financial challenges that old people face, due to longer-term medical costs and rising rents.
6. Internet subsidy and WIFI availability should be subsidized for retired persons, to enable them to remain connected in the digital world.
7. Active ageing should encourage those retired persons who can still impart their advice, experience and knowledge, to offer their expertise to the younger generation through mentoring.
8. Courses for the elderly, particularly those related to I.T. or web services should be available and designed and delivered by an older person.
9. Carers should be made knowledgeable about the provisions in the Criminal Code in relation to the prevention and protection of the elderly and to be aware of the consequences of their actions.
10. There should be an increased awareness about the Guardianship Act.
11. Action is needed to combat poverty among the over-sixty-five-year-olds, which at present stands between 21% and 24%. The lack of funds causes hardship and social exclusion.
12. Action needs to be taken, to render the process of reporting cases of abuse on elderly persons as smooth as possible. In addition, the follow-up procedures of taking appropriate action also needs to be addressed.
13. Loneliness should also not be underestimated. In fact, it was noted that there is notable degree of alcoholic abuse among older people. It was emphasized that loneliness is a big killer which should be taken seriously.
14. Services should be more connected to the community, so that the community feels empowered. Accordingly, the local community and social structures should be working closer together.
15. Violence is a question of power and this ties up to the question of income. The system seems to be perpetuating a situation of dependency and control, through the issuance of one pension cheque per couple. It is now time, to address the matter of issuing individual pension cheques in the name of each spouse.

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