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Comments paper – Malta



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Assessing the costs of violence against women in Malta

Marceline Naudi and Christine Marchand-Agius

University of Malta

Abstract:

Malta has recently carried out a costing exercise, though the results have not yet been published. Since Health Services would appear not to be consistently used by survivors of violence in Malta, using data from there would not give an accurate cost. In the Malta study, the basis was the main state services, which tend to be widely used, with costs of other services being added in. Adding questions on services used and costs incurred to EU wide surveys, such as the forthcoming Eurostat one, may help get a better picture of the cost in Europe.

1. Relevant Country Context

1.1 Legislation and Strategy

Malta ratified the Istanbul Convention in 2014 and it was fully implemented in law in 2018 with the Gender Based Violence and Domestic Violence Act. Malta had a Gender-Based Violence and Domestic Violence Strategy & Action Plan that covered until 2020. The Strategy plan focused on Legal and Policy Measures, Data Collection Research and Training, Awareness Raising and Protection and Support for victims and children. Another is due to be launched on the 17th of June 2021. Whilst there is currently no policy debate on the cost of violence, it is expected that there will be one once the Malta study (see below) is launched.

1.2 Services

State services include a centralised social work unit for domestic violence, as well as 11 community centres in Malta and 2 in Gozo (13 in total) which offer general social work services to the community, including related to domestic violence. The same state agency also runs one emergency shelter for women and children, a perpetrator programme, and a national helpline (generic, including domestic violence). They also have a risk assessment team, set up in 2018. The Malta Police force set up a (generic) victim support unit in 2019, and a domestic violence unit in 2020, which is victim centred.

These services are complemented by various NGOs who run a second emergency shelter and 2 second stage shelters – another 2 NGO homeless shelters deal with the overflow when necessary. We have a victim support NGO (generic but includes domestic violence) and another that runs a peer-led support service for women

survivors. During the COVID-19 pandemic, an NGO set up a helpline to offer legal support (to replace their previous drop-in service).

1.3 Awareness Raising and the Dominant Culture

Various awareness raising campaigns were run by the Commission for Gender Based Violence and Domestic Violence, mainly through project funding.

Notwithstanding, recent research regarding barriers that women survivors of gender based violence face to access help and assistance, found that Malta continues to hold patriarchal values and attitudes that are affecting women in accessing support (Naudi, Clarke, Saliba, 2018¹). Malta continues to have a predominantly patriarchal society, which can be seen in social attitudes, gender roles and male dominant discourse. The EIGE Gender Equality Index 2019 on Malta² states that *'Women take on more responsibilities in family care: 42% of women care for and educate their family members for at least one hour per day, compared to 25% of men. Among women and men in couples with children, women are much more involved in daily care activities (85%) than men (58%). Around 81% of women do cooking and housework every day for at least one hour, compared to only 37% of men. Women still carry most of the caring and educational needs of the children.'*

2. Measuring the Costs of Violence against Women

2.1 Malta Study carried out 2019 - 2021

A research project was produced on behalf of the Commission on Domestic Violence focusing on the economic cost of domestic violence. The final report was due to be launched on the 12th June, 2021 but had to be postponed³. The study in Malta took the approach, based on literature, that suggested using a systematic approach with rigorous methodologies and considered both direct and indirect costs to give a more coherent picture of the financial situation. Ethical issues related to data protection of victims, together with different degrees of data availability, systems used, data accessibility, credibility of data and reporting were considered when selecting data sources.

Expenditure data and number of cases worked with were collected, where available, from Institutions and Non-Governmental Organisations (NGOs) providing Domestic Violence Services in Malta. The information from the Foundation for Social Welfare

¹ Naudi, M., Clark, M. & Saliba, H. (2018) FULL COOPERATION: ZERO VIOLENCE. Barriers to Help-Seeking in Gender-Based Violence Against Women: A Research Study. Valletta: Ministry for European Affairs & Equality, Valletta, Malta.

² <https://eige.europa.eu/publications/gender-equality-index-2019-malta>

³ Due to this postponement, we are unable to discuss specific results.

Services (FSWS)⁴, as the main state service, was utilised to provide profiles of 1,300 survivors who accessed the unit in 2019, as well as details regarding the interventions they received. Interviews and discussion sessions were held with key stakeholders in the field to gather the financial and cases data, and also information about how domestic violence cases are handled. They also identified further stakeholders. The available data collected highlighted the need for further information regarding the services that victims/survivors utilise and the frequency of use.

Professionals within the state service conducted a questionnaire with all new service users⁵ with the aim of collecting information regarding additional services utilised in order to quantify, in monetary value, the use of such services. A total of 234 questionnaires were submitted and analysed. This provided a means to calculate the number of persons using each service and the total cost for each service. Identifying the monetary costs for the service user can be difficult due to the diversity in expenses and hidden indirect costs. As a result, the minimum and average cost in hours was calculated using the national minimum wage⁶ and the average annual basic salary⁷. For services where there is a fee (e.g. some counselling services), the fee was added to the cost in hours to calculate a total cost incurred in both fees and hours. The study provided a means to establish a minimum and average direct cost incurred by victims of domestic violence (in fees and hours) based on the calculations, assumptions, and estimations available.

Hypothetical Example⁸: Visits to a Psychiatrist.

If 40 participants attended a total of 400 visits with a psychiatrist.

- With estimated 1 hour per visit = total of 400 hours
- With estimated €40.00 per hour = €16,000 (fees)
- Using the minimum wage of €4 * 400 hours = €1,600 (cost in hours)
- €16,000 (fees) + €1,600 (cost in hours) = €17,600
- €17,000/40 participant = €440 (average cost per participant)

The questionnaire provided data regarding known service users accessing the FSWS domestic violence unit and what other services they accessed but it could not account for those who did not seek help from the FSWS. As a result, a further two national surveys amongst the Maltese population were undertaken⁹. Both studies were conducted through phone interviews and included open-ended and closed-ended questions. The first survey focused on profiling victims of domestic violence in general in Malta, including the type of domestic violence experienced in their lifetime, and the

⁴ The FSWS has six Agencies and Directorates and the Domestic Violence Unit is a unit within Appogg Agency. Appogg Agency is the National State Agency for children, families and the community. Further information can be obtained from the website: <https://fsws.gov.mt/en/appogg/Pages/Intake-and-Protection-Services/Domestic-Violence-Unit.aspx>

⁵ Service users contacting the unit between 1st July, 2020 and 8th January, 2021.

⁶ According to www.dier.gov.mt

⁷ According to Labour Force Survey: <https://nso.gov.mt/>

⁸ The data featured is not real data.

⁹ Survey were conducted during September 2020 and January/February 2021.

relationship with the perpetrator. The second survey had similar objectives, however focused on the domestic violence experienced only during the year 2019. For both surveys, data on the services used by the respondents due to their experiences of domestic violence was gathered.

The results of the second survey were utilised to estimate the number of victims within the Maltese female population aged 16 years and over and the various domestic violence related services accessed in 2019. The results were also utilised to estimate the cost to these victims. This was done by multiplying the average cost per participant for each service established in the first costing exercise by the estimated number of victims within the Maltese female population 16 years and over accessing each service.

Hypothetical Example¹⁰: Visits to a Psychiatrist.

5% of participants reported visiting a psychiatrist in 2019

- 5% of 20,000 female victims = 1,000 female victims.
- 1,000 victims * €440 (average cost per participant: Minimum wage) = €440,000

2.2 Available relevant data sets and data gaps

	Expenses/ Expenditure	Number of cases worked with	Database
Law courts	YES	Estimates	NO
Appogg Agency: State Domestic Violence Services	YES	YES	Case Management System
Police	YES	YES	YES
Hospital Accident and Emergency Department	Estimates	Estimates	Clinical Patient Administration System (CPAS)
Primary Health Care	YES	YES	Electronic Patient Record
Probation & Parole	Estimates	Estimates	? no
Dar Merhba Bik (NGO)	YES	YES	YES
Dar Qalb ta Gesu (NGO)	YES	YES	YES
Dar Tereza Spinelli (NGO)	YES	YES	Very Likely
SJAF & SOAR (NGO)	YES	YES	YES
Victim Support Malta (NGO)	YES	YES	YES
Women's Right Foundation (NGO)	YES	YES	YES

2.3 Challenges and Suggestions

- Standard definitions of domestic violence and standard classification of cases can be problematic. Different services may use slightly different methods, and services may have different scopes (e.g. Police would require a legal definition to process with legal action but health services may use medical assessments. *Having meetings to discuss definitions and methods would help to establish criteria.*

¹⁰ The data featured is not real data.

- Lack of empirical data or lack of domestic violence specific financial or case records within certain services. Since a service does not solely provide a service to domestic violence victims, they may keep general records rather than specific data. Data quality may improve through *raising awareness about the importance of the data*, as well as having a *central authority collecting the data regularly*.
- Lack of data on length of service access, e.g. we lack empirical data on the average number of hours a victim spends in court sittings, limiting the cost per hour calculations produced. *Surveys including the length of time spent utilising a service would provide further data but is still subject to self-reporting limitations*.
- Identification of the population of victims of domestic violence is required to establish costs for the population. National figures of victims of Domestic Violence are limited and there could be under-reporting as well. *Regular prevalence studies to establish National figures could mitigate this issue*.
- Costing over time can be difficult due to different intensity of services used, changes in service costs, inflation etc. This all limits any costing tool utilised. *Periodic calculations using a similar approach over time may allow calculation over time*.
- Difficulties in establishing the basis for “cost in time” for victims/survivors. Survivors of Domestic Violence have a wide range of income. Utilising a minimum or average cost provides a minimum cost but it would probably underestimate the true cost. *Ideally, there would be a way to collect income range from the survivor population in order to establish a true average*.

2.4 Feasibility and Issues with Discussion Paper

In Malta, we do have a unique Identifier (ID card), but we use an anonymisation code to enable linking across services, to reduce identification of service users. This at times can be problematic due to possible changes in the unique identifier¹¹. There may also be an issue with retention policies where some service users’ data must be destroyed after some time, leading to loss of data.

It would appear that in Malta very few victims of domestic violence attend a Health Centre or Hospital. Thus, using the medical data for costings may produce very low figures and so multiple data sources are more ideal.

Some potential direct and indirect costs are very difficult to cost, e.g. emotional or psychological trauma and long-term impacts, such as impacts on the education of children. Ongoing research is required to ensure that all potential costs are included and that methods used are achieving the research objective. Further research is also required to eliminate any assumptions or estimations utilised to have more verified, quantified, measurable denominators utilised to produce a more accurate cost calculation.

¹¹ E.g. due to change in residency status.

3. Conclusions and Recommendations

There are several different ways of calculating costs, all with their pros and cons. The use of one main service as the basis for such calculations is a good start, however *which* main service to use may well differ according to different systems and cultures. One suggestion is that EU wide surveys, like the FRA and the forthcoming Eurostat survey, could include questions on all services used and expenses incurred. Another suggestion is gleaned from the addictions field, where regular meetings are held between countries to establish standard definitions, questionnaires and methodologies.