



## The Bio-psychosocial impact of forced migration: a participatory approach amongst refugees and asylum seekers in Malta

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### Abstract

**Objectives:** To explore the bio-psychosocial impact of forced migration on asylum seekers/refugees in Malta. This paper focuses on the complex processes of interaction between asylum seekers/refugees and their physical, psychological, social and cultural environments, in their search for meaning. The author's concern prior to the study was how the participants make sense out of their lives following forced migration whilst encompassing complex challenges, affecting their health (physically and psychologically) and their social well-being.

**Design:** A participatory qualitative study of subjects' experience of forced migration was chosen for this study. Semi-structured focus group interviews were used as the main instrument to collect data. Additionally, a body outline figure was used to direct participants into the context of the study and to generate further discussion. Two research assistants who assisted with the recruiting of the sample, data collection and analysis were trained by the researcher and conducted the focus group interviews in the Amharic and Tigrinya languages.

**Subjects:** 14 Eritrean/Ethiopian adults 7 males and 7 females who were released from the detention centre six months prior to this study.

**Results:** Four themes emerged from the findings of this study. The first refers to the effects of detention over a very long period of time which contributed to feelings of helplessness, psychological distress and suicidal urges. The second theme revealed that negative attitudes and poor communication with health professionals and front desk personnel led to the inaccessibility of health care services. Moreover, according to the participants, their dark skin is the cause for avoidance and lack of social support, unemployment and hostility from the dominant culture which greatly affects their integration within the Maltese society as described in the third theme. In the fourth theme participants were found to have high expectations of a third country resettlement which was perceived as a means towards better working conditions and economic prospects.

**Conclusion:** This study illustrates how assessing and meeting the needs of vulnerable individuals such as asylum seekers/refugees represents a challenge for health and social care. It highlights the need for implementing cultural competence training for professionals in this sphere, (see leaflet) if the needs of asylum seekers/refugees are to be addressed holistically. Furthermore, while mainstream facilities should be a basic component of the refugee experience in a resettlement country, culturally sensitive programs may contribute to facilitate acculturation.

**Keywords:** Forced Migration, Health, Participatory Research, Psychosocial Distress, Cultural Competence

## Introduction

In this paper I will present some reflections on participatory qualitative research among a population in search of meaning. It draws upon the methodology used to explore the bio-psychosocial impact of forced migration and how it is perceived by asylum seekers and refugees in Malta (Podda Connor, 2007). Irregular immigrants, who flee their homeland for security are constantly trying to make sense of their lives; bridging gaps by moving across time and space.

The term asylum seekers/refugees will be used throughout this paper. The difference between these terms in the context of Malta is that asylum seekers refers to irregular immigrants who are either in detention waiting for the outcome of their application for refugee status or those who have been granted humanitarian protection. Refugees are individuals who have been granted refugee status. The latter have the right for a work permit, education, health and social security benefits.

## The significance of the study

It is hoped that this study enables individuals on the forefront of public services, especially nurses, doctors, social workers, military and law enforcement personnel, to connect and come to know the vulnerable asylum seeking person and to challenge their availability for social action. This study also aims to empower asylum seekers and refugees to exercise individual choice and take effective action, and make their existence known to the dominant culture.

Asylum seekers are fleeing misery, hunger, deprivation, war, persecution and torture. What forced migrants have in common is the limited choice available to them and the pressured decision they are compelled to make as they leave their homes in an effort to ensure their own, and their family's survival (Grove and Zwi, 2006).

## The journey

The arrival in Malta is often accidental: the boats are normally heading for the Italian islands of Lampedusa and Sicily, which offer direct access to the rest of Italy and mainland Europe (Moorehead, 2005). However, many of them run out of fuel or are hit by bad weather and seek a haven in Malta which is a signatory of the Geneva Convention 1951.

According to a study by Pugh (2000) up to 4,000 forced migrants drown every year, half of whom in the Mediterranean, as they flee persecution and

poverty. These figures were derived from interviews with refugees, records of bodies washed on shores, wrecks and government statistics. The vessels used by human traffickers and asylum seekers are often old and not sea worthy. They have unreliable engines and steering, and little by way of safety equipment. To risk one's life in long and dangerous journeys across deserts and the sea in sub-human conditions shows desperation. Asylum seekers suffer tremendous losses, giving up everything familiar and facing severe difficulties en route as well as when they arrive in the host country (Blackwell, 2005).

Following such perilous crossings, those who survive the journey encounter other complex challenges in the host society: an indefinite period in detention, a different language, adapting to a country which is composed of structures and systems unlike those in some underdeveloped countries and problems of acculturation in a diverse culture. They often prove to be very resourceful and resilient and it is these strengths which may enable them to flee to a different country and face the associated challenges, including health.

During the period they spend in the detention centre (which is often excessively lengthy) asylum seekers manifest high levels of psychological distress due to the uncertainty about the outcome of their applications for refugee status; they may be exposed to respiratory infections including tuberculosis as a result of the poor, cramped and unhygienic living conditions and suicidal urges due to fear of deportation. Severe health consequences can result from past traumatic experiences and torture, as well as other epidemics of

Infectious diseases due to the crowded living conditions of most detention centres/open centres. Detention centers involve confinement within a narrowly bounded or restricted location, where freedom of movement is substantially curtailed which accommodates asylum seekers who are awaiting the outcome of their application for refugee status. This period of time is not less than 4 months but not longer than 18 months. Open Centers generally refers to government supported accommodation centers to house groups of individuals who have been granted refugee status or humanitarian protection.

These attributes were also reported in an Australian based research which allowed broad comparisons between asylum seekers/ refugees held in detention centres with those in a community group (Silove et al. 2001).

Once out of the detention centre, many refugees are often unemployed, live in deprived neighbourhoods, and have an increased risk of ethnic and social vulnerability that influences their health negatively. Failure to examine potential indirect effects of unemployment prospects on mental health may also explain the depth of marginalisation in which asylum seekers and refugees dwell

### The study

This paper considers the situation of Eritrean and Ethiopian asylum seekers/refugees and the impact of forced migration on their bio-psychosocial components of health employing a participatory qualitative approach. A Qualitative approach was considered appropriate for this study as it uncovers new meanings by allowing for the expression of a full range of beliefs, feelings and behaviours. The role of the researcher in this study was to walk “a mile in the other person’s shoe understanding the person’s point of view from an empathic rather than a sympathetic position” (Maykut and Morehouse, 1994 p.29).

Participatory research was indicated for this study because of its involvement with extended communities that are vulnerable to the control or oppression of a dominant group or culture, such as asylum seekers and refugees (Polit and Beck, 2004). It involves participatory problem definition, visioning and building a shared agenda for action. The aim of participatory research is not only to produce knowledge, but action and consciousness-raising as well.

### Reflexivity

Prior to commencing this study the author acknowledged and recognized a certain degree of personal reflexivity by acknowledging factors which otherwise may have influenced this study. Personal reflexivity involves reflecting upon the ways in which one’s own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research.

At the outset of the present study the researcher adopted a reflexive approach which was exercised in a previous study (Papadopoulos, 2000) to regard the research process meticulously and rigorously, suspending personal belief and past professional experiences, eliminating biases and prejudices (Leininger, 1991).

An overview of the participants’ ethnohistory was an important aspect of this study in order to understand the socio-geo-political baggage of Eritreans and Ethiopians who are forced to migrate from their

country of origin. This population was chosen as the target group for this study due to the unrest between these two countries where unremitting attacks on democratic institutions and civil society, the arrests of political opponents, destruction of the private press, and the incarceration of anyone thought to challenge the government’s policies (World Report, 2007) led to the involuntary migration of the participants in this study. Although the two countries where the participants came from were currently at war during the time this research was conducted, the group agreed to take part in this study affirming that they are friends and find the support they need away from home in each other. They all reasoned that it is their governments who are at war, leading them to flee their homeland. Hence in this study there were no ethical issues in having a group mix of participants coming from two countries at war with each other.

### The objectives of the study:

- To explore the perceptions of asylum seekers/refugees’ physical and psychological impact of their experience of forced migration.
- To describe perceptions of asylum seekers/refugees regarding adaptation to their new environment.
- To examine the factors and challenges which forced migrants encounter in their search for meaning.

### Recruitment of research assistants

At the beginning of the study, the researcher consulted with community stakeholders (The director of the Jesuits Refugee Services, Malta and other NGOs) through whom two Eritrean/Ethiopian key individuals (1 Eritrean male and 1 Ethiopian female both fluent in Amharic and Tigrinya languages), who play an important role in the everyday lives of asylum seekers/refugees, were appointed as research assistants for this present study. The importance of the study was discussed with the potential research assistants who agreed to participate in the research process. They were trained by the researcher to assist throughout the different stages of the research process.

Recruiting research assistants from the same ethnic background of the population under study may represent unique logistic and analytic challenges as the latter may hold different values, concepts and beliefs from those of the researcher because of

socioeconomic status, immigration history and other factors (Tsai, et al. 2004).

Their training was aimed at enhancing the importance of the study, discussing the questions for the focus group prepared by the researcher, eliciting relevant information by appropriate probing, listening attentively to meanings behind what was being said and looking out for discernible non-verbal gestures which convey meanings. Furthermore, they became skilled at conducting focus groups, obtaining demographic data through brief individual interviews, using and checking equipment used during interviews, recording interviews, and taking notes. The training was held over three afternoon sessions.

### **The study sample**

The purposive sample consisted of 6 Eritreans (2 males and 4 females) and 8 Ethiopians (5 males and 3 females) adult asylum seekers and refugees from all open centres (group accommodation) in Malta and others living in rented accommodation.

The research assistants attempted to recruit two groups comprising of eight Eritrean/Ethiopian females and eight Eritrean/Ethiopian males through a purposive sampling technique. An equal number of Eritrean/Ethiopian men and women over eighteen years of age was aimed for. Mays and Pope (2000) claim that in order to provide for a wide range of opinions, it is crucial to employ a sampling technique that will provide an accurate representation of the population under study into the focus groups.

### **Inclusion criteria**

Eritrean/Ethiopian men and women over the age of eighteen who had been released from detention for six months or more prior to taking part in this study. This would mean that asylum seekers/refugees would have had sufficient experience within the Maltese society. Furthermore, persons to be chosen needed to have experience with the Maltese health system.

### **Exclusion Criteria**

Non-Eritrean/Ethiopian individuals, unaccompanied minors and children. The involvement of asylum seekers/refugee children in research warrants a completely different approach due to their vulnerable age and situation.

### **Informed consent**

The participants were provided with an information sheet which was also read in the Amharic and the Tigrinya languages. While Amharic is the official

language of Ethiopia and Tigrinya that of Eritrea, the latter is also widely spoken in Ethiopia.

Informed consent enabled the participants to consent to or decline participation voluntarily. This was followed by answering any questions the participants wished to ask or clarify prior to signing the consent form. Reassuring all participants that their involvement in the study would not adversely affect anything to which they are normally entitled may have increased participation. Permission was granted by the participants to audiotape record the interviews for better transcription. The research assistants were asked to inform the group that on completion of the study, the tapes would be discarded.

### **The research tool**

Focus groups were the chosen instrument by which the main data was to be obtained. Additionally, a brief demographic interview of each participant took place prior to the focus group interviews, and a body outline figure was utilized to direct the informants into the context of this study.

Fourteen individuals turned up for the two focus group interviews which were held on two different days. The female focus groups consisted of 4 Eritreans and 3 Ethiopians, and 2 Eritreans and 5 Ethiopians participated in the male focus group interviews.

### **Socio-demographic data**

At the start of the meeting the research assistants collected general socio-demographic information regarding the participants through brief individual interviews. The purpose of these short questions prior to the main data collection was to depict a collective image of the participants without identifying them. The respondents' age, gender, nationality, educational achievement and employment experiences at the time the research study was being carried out were used to investigate whether differences in acculturation and integration outcomes exists due to these variables.

In the introductory comments, an attempt was made to encourage the group to maintain confidentiality in that 'what is heard in the group, remains in the group' (Jackson, 1998). A promise of confidentiality is a pledge that any information participants provide will not be publicly reported in a manner that identifies them and will not be made accessible to others (Polit et al. 2001).

### **Focus groups**

The questions for the two focus groups were carefully selected and phrased in advance by the researcher. A dialogic approach was aimed for; therefore a checklist of semi-structured prompting questions was used to make sure that the domains within it were covered at some stage by all subjects. Subsequently, the questions were reviewed together with the research assistants during one of the research assistant training sessions.

According to the research assistants some questions regarding mental health problems were considered to be inappropriate and of a highly personal nature for the Eritrean/Ethiopian community to discuss in a group, due to the stigma involved. Therefore it was decided that questions relating directly to this issue were to be omitted as the researcher has a duty to respect the norms and values of the informants in the study.

The semi-structured focus group questions were designed to unfold an understanding of the culturally relevant aspects of Eritrean/Ethiopian asylum seekers and refugees' perceptions of bio-psychosocial effects of forced migration. Although no pilot study was carried out, the questions were carefully selected and phrased in advance together with the research assistants, to elicit maximum responses by all participants. The framework of the questions was designed to maintain a focus directed at relevant areas for both male and female focus groups. Amharic and Tigrinya languages were used during the interviews and for this reason a third research assistant was recruited, who later on in the study back-translated the transcript of the audiotapes, and assured the quality of the translation. To enable the research assistants to maximize the accuracy of the data, the discussions were audiotape recorded after permission from the participants was granted. This recorded data may have enhanced the potential validity of the data analysis. Note-taking was minimal as the respective research assistants were advised to take into consideration any non-verbal cues or gestures which convey a meaning.

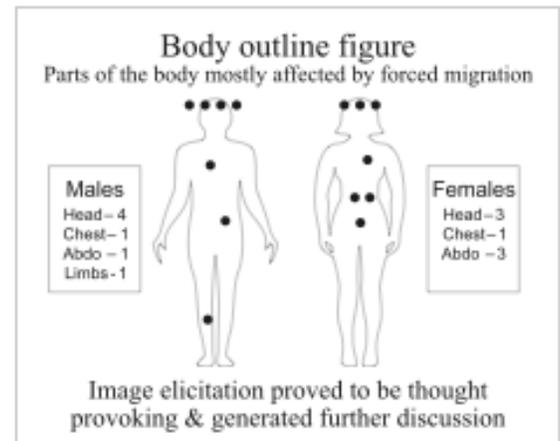
Since the focus groups interviews were carried out in Amharic and Tigrinya, the researcher who was present during the interviews, was not able to handle any problems that may have arisen; such as checking behaviours against attitudes, challenging and drawing out respondents with opposite views and looking for the emotional component of the responses (Steward and Shamdasani, 1990). However, throughout the discussion, in collaboration with the research assistants, the researcher encouraged debate, explored inconsistencies and sought to clarify the participants'

ideas (Kingry et al. 1990; Krueger, 1994; Kitzinger, 1996).

### The body outline figure

Another form of data collection was obtained by distributing to the participants a figure of two body outlines: one male (for the male participants) and one female (for female participants). The informants were asked to mark on the figure the body part which was mostly affected as a result of forced migration. This idea arose during the training of research assistants when they both remarked on the need to put at rest the mind of the asylum seekers/refugees participating in the study as they might be sceptical about the purpose of the study. The body outline figure was developed to save the participants any unnecessary anxiety, and to prevent biased responses and gain their trust. Moreover, the researcher developed the body outline figure to direct the focus and plunge directly on their experiences of health and social issues at the outset of data collection. This image elicitation method proved to be thought provoking and generated further discussion.

Figure 1



Gaining trust under these circumstances was difficult and therefore, an effort to build professional relationships with communities was crucial. As an 'uninvited professional stranger' within the Eritrean/Ethiopian community the researcher needed to ensure that the data collection instrument is not informed by Eurocentric perspectives.

The two focus group interviews (male and female groups) lasted 1.5 hours and each took place within the same week with a 3 day interval in between. They were held in a quiet setting in one of the Open Centres on the island, with chairs arranged in a

closed circle where all members, research assistants and the researcher could see each other. Access to use the premises was granted by obtaining permission from the open centre coordinator. The researcher attempted to set up a non-threatening environment conducive to expression of perceptions. After each of the two meetings tea, coffee and cake prepared by the researcher were offered to the participants and an honorarium was presented to each of the participants as an appreciation.

### Data analysis

Soon after the interviews, the research assistants were asked to transcribe and translate the interviews from Amharic/Tigrinya into English. Following this a randomly selected transcript from the two groups was back-translated into the original languages by a third research assistant. In this way the quality of the translations was assured. The scripts were read several times to ensure identification of categories. Relevant words, phrases and descriptive terms were highlighted and extracts from the data were identified.

Although it was initially intended to use the software programme (NUDIST) as part of data analysis during the planning of this study, due to the researcher's unfamiliarity with this programme, manual content analysis was ultimately the chosen approach to analyse the data.

The research assistants were asked to document what they regarded to be important issues and themes, and to discuss these with the researcher. All data was reviewed by the researcher after taking into account all the themes and emerging issues which were grouped, coded and sorted with the research assistants. The reviewed data showed a process of evolving consensus and debate, where assertions were qualified and challenged by the researcher team. This helped to clarify any differing conceptual meanings and allowed the researcher and the research assistants to cluster and retrieve segments of related data (Miles and Huberman, 1984). These explanatory codes served to group the data into meaningful units of analysis.

### Verification of the analysis and findings

In a qualitative research the researcher is an involved participant rather than an objective observer (Avis, 1998; Bhatti, 1995). Hence, this inclusive role played by the researcher placed more emphasis on the credibility of the researcher as a central component to the success of the study.

### Strengths and weaknesses

The explicit use of group interaction differentiates focus groups from other types of data generation interview (Robinson, 1999). Indeed according to some, the interaction between participants may reveal information that would be difficult to obtain in an individual interview (Kingry et al. 1990).

Despite its content value, the range of information obtained in focus group interviews is limited. Furthermore, purposive sampling techniques are employed, cannot represent the wider population. While Bristol and Fern, (1996) suggest that there is little empirical evidence to support the view that focus groups are superior to other methods, Asbury (1995) argues that they produce data rich in detail that are difficult to achieve with other research methods. The use of multiple methods (Triangulation), to gather information would have rendered the study more credible and permitted the checking of data as the true picture of the study at hand. However this was not possible in this present study due to time constraints.

### Permission and access

Permission to carry out the study was sought from the Ethics Committee of HSSC Middlesex University in London and from the Research Ethics Committee and the Data Protection Board in Malta. Further permission to have access to asylum seekers/refugees in open centres was sought officially from the coordinators of the premises.

### Informed consent and respect for autonomy

Research assistants who purposively chose the participants for the present study were advised to select with fairness and respect. Participants have the right for informed consent (Burnard and Morrison, 1992). Therefore individuals participating in the study were presented with an information letter informing them about the aims and process of the study. After making a rational decision they were asked to sign an informed consent form (Treece and Treece, 1986).

Participation in research was voluntary according to the principle of autonomy (Beauchamp and Childress, 2001). Participants were informed that they were at liberty to abstain from participation at any time. They were provided with adequate information regarding research, and the power of free choice, enabled them to consent voluntarily to participate in the research or decline participation (Polit et al. 2001).

### Confidentiality

The major ethical issue to be dealt with in this study was confidentiality, given the vulnerable status of the participants. This was assured in the following manner: no participant was to be identified by name in any report or publication associated with the study; the recorded information was kept within the parameters of the researcher and the respective research assistants during data analysis. The audio-recorded tapes which were used during the interviews were discarded immediately following data analysis and no names were carried forward in the write-up of the report. Anonymity could not be maintained due to the chosen method of data collection.

### **Beneficence and non-maleficence**

It is imperative that if disclosures relating to personal or traumatic events were to be made during data collection, or at any other stage in the study, the researcher would have been willing to provide to the participants effective support with appropriate and accessible sources of help (Papadopoulos et al. 2002). This is particularly relevant when dealing with vulnerable people. However the questions during the focus groups did not elicit any traumatic past experiences. The responsibility not to harm the respondents in any way was crucial to this study

### **Findings and Discussion**

This study affirms that an asylum seeker/refugee is a successful individual temporarily without funds and opportunities. The participants of this study shared problems which are common to marginalized and deprived groups in general.

Although the initial questions during the focus group interviews aimed to explore the impact of forced migration on the participants' health, very little information regarding this issue was mentioned during the focus groups. Nevertheless, symptoms associated with mental distress, such as headaches, memory loss, somatisation and high anxiety levels were mentioned throughout the discussions and also marked as highly influencing factors on the body outline figure where the majority of the markings showing parts of the body mostly affected by migration were around the head as shown in Figure 1

Their main preoccupations were related to factors interweaved in the four major themes which emerged from the findings. These were mainly related to their extensively long experience at the detention centres upon arrival, the negative attitudes of health care professionals/reception staff towards them, the avoidance of society which was perceived to be due

to their skin colour and their high expectations of finding better economic prospects when/if they were to resettle in a third country.

### **On becoming detainees**

It is often said that a society's moral strength is measured by how humanely it deals with the most vulnerable individuals living within its domain (Silove et al. 2001). Most of the participants in this study have spent long periods (12 to 18 months) in detention centers, awaiting the outcome of their refugee claims. During this time the participants manifested high levels of depression, lived in poor cramped and unhygienic conditions where suicidal urges, due to boredom and fear of deportation, were also reported.

*I suffered in different ways in detention: worrying, thinking a lot, stomach problems, feeling tired although not doing anything. I had loss of appetite and the food we used to eat in the detention centre was giving me more stomach problems. There are a lot of discomforts that could not be explained.*

*The fact that I was in detention used to make me feel bad, sometimes I wanted to die. Thoughts about home, the family I left behind, it was all too much.*

*Participant 2: Male*

During this dismal period decisions regarding the participants' health were taken by the military personnel who approved or disapproved whether the asylum seeker really needed medical attention. Furthermore, whenever he or she was referred to a health centre or to hospital he/she was handcuffed throughout the whole journey. This humiliating strategy contributes to the psychosocial distress of asylum seekers, as locals looked down on them as if they were criminals as a female participant stated;

*Before they released us from the detention centre they took us to hospital to take an X-ray. I was pregnant then and they (the soldiers) handcuffed me to 3 other girls. Then we were expected to climb at the back of a military truck. I approached the women soldiers and told them that I cannot possibly go up the truck handcuffed and pregnant, so she freed me until I went up on the truck.*

*Participant 5: Female*

Instead of providing special care for the most traumatised individuals fleeing persecution, western countries may be subjecting them to the very conditions that are likely to hinder psychosocial recovery (Silove et al. 2001).

### Attitudes of health care professionals and health care utilization

The findings in this study show that encounters with health care professionals and front desk personnel were found to be major barriers for asylum seekers to access health care services. These findings are consistent with those of other studies where doctors, nurses and reception staff had no formal training in coping with asylum seekers and refugees (Van Ryn and Burke, 2000) perceived persons of low socio-economic status to be less intelligent persons with negative personality characteristics (Karmi, 1992) and exhibited less non-verbal attitudes, empathy, courtesy and information giving (Roter et al. 1997) as reported by one of the female participants:

*None of the nurses or doctors show any interest in our background or ask us if we prefer to be seen by a female doctor. It is very embarrassing for us to be examined by a man. In the end I started to miss appointments as the majority of doctors are men. They (the staff) expect us to change our values and beliefs overnight. When I first came out from detention, I did not understand anything about the Maltese system. I did not know that I needed a prescription to buy medicine or what to do when I go to a health centre. By time I learnt, but these things take time. I feel sorry for those people who are yet to come out of detention, as they will feel lost at first.*

Participant 2: Female

*I already suffered from stomach ulcers back home, but now it has become much worse. Together with all the worrying about my family back home I have encountered difficulties in the health system. I once went to the emergency department because I was very sick and vomiting blood. I was there at 9am. I understand that all over the world there is a priority for emergency cases, but in this case there were people coming from outside and getting in to be seen. When I approached the receptionist the person was very rude and unsympathetic. I was made me to feel like I should not be there and that she has a personal grudge against black people.*

Participant 6: Male

### The skin colour phenomenon.

The Maltese population is not used to interacting with ethnic societies. According to a Eurobarometer study which explored discrimination in the EU (Ameen, 2007) it was found that only 32% of Maltese citizens said they believe that ethnicity enriches local culture. The participants perceived that certain behaviours of host nationals, have scarred their spirit more than any physical condition or illness resulting from forced migration. They felt that this is due to their skin colour as stated by these two participants

*The Maltese invite us to parties organised by the company where I work at Christmas, but we are never on the inside of things. They always maintain a certain distance. There seems to be a line between us and it is very difficult to break that line, because our faces (black) are not very common here.*

Participant 5: Male

*It takes some time before you can call someone your friend. They (the Maltese) are not very happy with us at first, in fact they are shocked when they see that they will be working with us but then after a long time they start to ask you where you come from, your religion and only after they made a certain judgement about you they become your friends and accept you. But their first impression is that they are shocked to see a black man.*

Participant 1: Male

According to Herring (2002) skin colour has an impact on occupational attainments and in identifying baseline differences in who gets what. Although some of the informants received secondary and tertiary education in their homeland, most of these were employed in the construction industry as labourers in Malta. According to Beiser, (1999) refugees tend to work at menial jobs which are shunned by the locals and where the attainment of educational qualifications makes little difference. It must be understood that it often happens that employers do not recognize the immigrants' work experience and qualifications (Polidano, 2005).

*Employers do not recognize our ability. I can prove that I can do it but they will always send someone to supervise me, someone to watch that I am doing it right, even if this person is less*

*qualified than me. It sometimes bothers them that a black man is able to do certain things.*

*Participant 5: Male*

*It is very difficult to find a job here. They do not respect our qualifications or that we can learn as fast as others, especially when there were only few of us in the beginning. Due to our nationality they give us a position where we are less paid than others doing the same job. No one gives us any information about unions and rights.*

*Participant 3: Male*

Although refugees have the right to have a working permit in Malta, the majority of irregular immigrants have a humanitarian protection status only. It is this group of individuals who are highly exploited by employers as they do not have any rights and therefore cannot defend themselves in the case of abuse by their employers.

These issues regarding the skin colour of refugees and difficulties with employment may have influenced the future hopes of the participants in this study, the majority of whom are yearning to resettle in a third country as they believe that it will provide them with better economic prospects:

*Maybe if I was in a large country like England or France, they (the natives) would treat me better because they have more experience with black migrants in these countries. In Malta if I had a British background I would be treated much better and my qualifications will be taken into consideration. There are also many eastern Europeans where I work, but they do not have the problems we have. So it all boils down to skin colour.*

*Participant 4: Male*

Their expectations of work opportunities and a better life may be far fetched as problems of employment and integration encountered in Malta are also found in other studies abroad (Rudgren, 2004; Valtonen, 1999; Papadopoulos et al. 2002; Papadopoulos, 2006)

### Limitations of the study

The participants of this study were from Eritrea and Ethiopia therefore the findings cannot be generalized to all asylum seekers/refugees in Malta. The involvement of 'insiders' (research assistants) who were familiar to all participants may have influenced the participation of some and the refusal of others. Moreover, most of the participants knew each other,

therefore they may have been hesitant to elaborate in certain aspects of the discussion.

### Conclusion

This study has raised issues around the impact of the asylum seekers'/refugees' experience of forced migration. The comprehension of this experience tinged by shades of humiliation and despair and leading to severe psychological distress, necessitates the profound understanding of trained personnel in cultural competence, especially those who work in the various areas of the public sector who have the opportunity to exercise and implement harmonization within diversity.

For this reason a leaflet was devised by the author to promote an awareness regarding the significance of meeting the biopsychosocial needs of asylum seekers and refugees amongst health care professionals using the Papadopoulos, Tilki and Taylor Model for the Development of Cultural Competence (Papadopoulos et al. 1998). Moreover, while mainstream facilities should be a basic component of the refugee experience in a resettlement country, culturally sensitive programmes and educating the public regarding the hardships of being a refugee may minimize the effects of their psychosocial culture shock facilitating acculturation.

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